

**BETH C. DRAIN, CA CSR NO. 7152**

BEFORE THE  
SCIENCE SUBCOMMITTEE OF THE  
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE  
TO THE  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT  
REGULAR MEETING

LOCATION: VIA ZOOM

DATE: JANUARY 14, 2022  
10 A.M.

REPORTER: BETH C. DRAIN, CA CSR  
CSR. NO. 7152

FILE NO.: 2022-02

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**I N D E X**

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2. ROLL CALL	3
3. CONSIDERATION OF CONCEPT PLAN FOR EDUC5: FUNDING OPPORTUNITY FOR CREATING OPPORTUNITIES THROUGH MENTORSHIP AND PARTNERSHIP ACROSS STEM CELL SCIENCE (COMPASS)	4
4. CONSIDERATION OF CONCEPT PLAN FOR INFR4: FUNDING OPPORTUNITY FOR ALPHA CLINIC NETWORK EXPANSION	45
<b>DISCUSSION ITEMS</b>	
5. PUBLIC COMMENT	NONE
6. ADJOURNMENT	65

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JANUARY 14, 2022; 10 A.M.

CHAIRMAN GOLDSTEIN: OKAY. LET'S CALL THIS TO ORDER. AND, MARIA, WOULD YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: HAIFA ABDULHAQ. MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: HERE.

MS. BONNEVILLE: ELENA FLOWERS.

DR. FLOWERS: PRESENT.

MS. BONNEVILLE: JUDY GASSON.

DR. GASSON: HERE.

MS. BONNEVILLE: LARRY GOLDSTEIN.

CHAIRMAN GOLDSTEIN: HERE.

MS. BONNEVILLE: DAVID HIGGINS.

DR. HIGGINS: HERE.

MS. BONNEVILLE: PAT LEVITT. DAVID LO.

DR. LO: HERE.

MS. BONNEVILLE: DAVID MARTIN.

DR. MARTIN: HERE.

MS. BONNEVILLE: SHLOMO MELMED.

DR. MELMED: HERE.

MS. BONNEVILLE: CHRISTINE MIASKOWSKI.

DR. MIASKOWSKI: HERE.

MS. BONNEVILLE: JONATHAN THOMAS.

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CHAIRMAN THOMAS: HERE.

MS. BONNEVILLE: ART TORRES.

MR. TORRES: HERE.

MS. BONNEVILLE: KRISTINA VUORI.

DR. VUORI: HERE.

MS. BONNEVILLE: KAROL WATSON.

DR. WATSON: HERE.

MS. BONNEVILLE: KEITH YAMAMOTO.

DR. YAMAMOTO: HERE.

MS. BONNEVILLE: THANK YOU. WE HAVE A  
QUORUM, LARRY.

CHAIRMAN GOLDSTEIN: VERY GOOD. THANK  
YOU. OKAY.

FIRST ITEM OF BUSINESS IS PRESENTATION OF  
EDUC5, THE NEW EDUCATION PROGRAM PROPOSED. AND I  
GATHER, KELLY SHEPARD, YOU ARE GOING TO DO THE  
PRESENTATION.

DR. SHEPARD: YES. THANK YOU. MAY I  
BEGIN SHARING MY SCREEN NOW?

CHAIRMAN GOLDSTEIN: PLEASE.

DR. SHEPARD: ALL RIGHT. DOES EVERYBODY  
SEE THIS?

CHAIRMAN GOLDSTEIN: LOOKS GOOD.

CHAIRMAN THOMAS: YES.

DR. SHEPARD: THANK YOU VERY MUCH. GOOD

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1 MORNING, EVERYONE, AND HAPPY NEW YEAR. IT'S MY  
2 PLEASURE TO COME HERE BEFORE YOU TODAY TO PRESENT A  
3 NEW CONCEPT CALLED THE COMPASS AWARDS. DR.  
4 GOLDSTEIN, WOULD YOU PREFER THAT I PAUSE THROUGHOUT  
5 MY TALK TO TAKE QUESTIONS, OR WOULD YOU PREFER THAT  
6 I GO THROUGH IT AND ADDRESS QUESTIONS TOWARDS THE  
7 END?

8 CHAIRMAN GOLDSTEIN: WHY DON'T YOU GO  
9 THROUGH IT SO THAT WE DON'T BREAK YOUR TRAIN OF  
10 THOUGHT AND WE DON'T ASK QUESTIONS THAT ARE ANSWERED  
11 ON THE NEXT SLIDE. SO WE'LL HAVE THE QUESTIONS AT  
12 THE END.

13 DR. SHEPARD: ALL RIGHT. THANK YOU VERY  
14 MUCH. OKAY.

15 SO WHY DON'T WE BEGIN WITH A STATEMENT OF  
16 OUR MISSION: ACCELERATING WORLD-CLASS SCIENCE TO  
17 DELIVER TRANSFORMATIVE REGENERATIVE MEDICINE  
18 TREATMENTS IN AN EQUITABLE MANNER TO A DIVERSE  
19 CALIFORNIA AND WORLD.

20 SO WE ARE GOING TO BE PRESENTING FOR YOUR  
21 CONSIDERATION TODAY A NEW CONCEPT IN OUR TRAINING  
22 PROGRAM. AND PART OF THIS PROGRAM IS INTENDED TO  
23 DELIVER ON CIRM'S MISSION. SO GOING BACK TO THE  
24 BEGINNING WITH THE PASSAGE OF PROPOSITION 71, AS YOU  
25 ALL KNOW, CIRM HAD MADE MAJOR INVESTMENTS ACROSS

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1 FIVE PILLARS. THESE INCLUDED RESEARCH AND  
2 DEVELOPMENT PROGRAMS AT THE DISCOVERY,  
3 TRANSLATIONAL, AND CLINICAL STAGE, BUT IT ALSO  
4 INCLUDED INVESTMENT IN INFRASTRUCTURE AND EDUCATION  
5 PILLARS. NOW THAT PROPOSITION 14 HAS PASSED, WE  
6 HAVE A NEWLY MINTED STRATEGIC PLAN THAT WILL  
7 CONTINUE INVESTMENTS IN THESE PILLARS, BUT WILL  
8 ENHANCE, ORGANIZE, AND INTERCONNECT THEM IN ORDER TO  
9 IMPROVE UPON AND CONTINUE DELIVERING THIS MISSION.

10 SO IN OUR NEW STRATEGIC PLAN AS BEFORE AND  
11 AS NOW, EDUCATION AND TRAINING ARE CORE TO THE  
12 MISSION. AS ILLUSTRATED IN THIS SLIDE WHICH SHOWS  
13 THE THREE NEW THEMES OF OUR STRATEGIC PLAN,  
14 ADVANCING WORLD-CLASS SCIENCE. TRAINING PROGRAMS  
15 CREATE TRAINEES WHO ARE CONTRIBUTING VALUABLE  
16 RESEARCH AND INSIGHTS THAT DRIVE SCIENTIFIC PROGRESS  
17 AND INNOVATION. SO ACTUALLY TRAINEES, WHILE THEY  
18 ARE BEING TRAINED TO PERFORM RESEARCH SKILLS, ARE  
19 PERFORMING RESEARCH, THEY'RE MAKING DISCOVERIES, AND  
20 CONTRIBUTING TO THE KNOWLEDGE BASE THAT DRIVES THE  
21 REGENERATIVE MEDICINE FIELD FORWARD.

22 TRAINEES ARE CONTRIBUTING TO DELIVERING  
23 REAL LIFE SOLUTIONS. THE SKILLS THAT THEY ARE  
24 ACQUIRING TODAY, THEY WILL BE ABLE TO APPLY AND  
25 ADAPT THESE SKILLS TO MEET THE CHALLENGES OF

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1 TOMORROW, WHICH IS CRITICAL TO MAKE REGENERATIVE  
2 MEDICINE SOLUTIONS A REALITY.

3 AND PROVIDING OPPORTUNITIES FOR ALL, THESE  
4 EDUCATION AND TRAINING PROGRAMS ARE RECRUITING AND  
5 BRINGING DIVERSE POPULATIONS OF INDIVIDUALS THAT  
6 REPRESENT THE DIVERSITY OF OUR GREAT STATE AND TO  
7 CREATE A MORE DIVERSE AND INCLUSIVE WORKFORCE THAT  
8 WILL BRING VALUABLE AND NEEDED PERSPECTIVES TO THIS  
9 FIELD TO ADDRESS THE CHALLENGES OF MAKING IT A  
10 REALITY.

11 AND, OF COURSE, THESE STRATEGIC THEMES  
12 ULTIMATELY ARE CREATING AN ECOSYSTEM THAT WILL  
13 INTERCONNECT OUR PILLARS AND CREATE NOVEL AND  
14 MULTIPLE ONRAMPS IN ORDER TO BRING NEW PEOPLE INTO  
15 THIS FIELD, NEW SKILLS AT ALL LEVELS, AND DEVELOP  
16 THE NEXT GENERATION OF LEADERS, SCIENTISTS,  
17 TECHNICIANS, CLINICIANS, AND THIS FUTURE WORKFORCE  
18 THAT WILL EVENTUALLY BE INTERCONNECTED WITH OUR  
19 OTHER PILLARS AS WELL, AS YOU CAN SEE HERE AND I  
20 REFERRED TO EARLIER.

21 NOW, WE HAVE ALREADY BEGUN LAYING THE  
22 GROUNDWORK FOR THIS ECOSYSTEM THROUGH OUR EXISTING  
23 TRAINING PROGRAMS THAT HAVE BEEN INITIATED UNDER  
24 PROPOSITION 71, BUT HAVE BEEN RECENTLY RELAUNCHED  
25 AND UPDATED AND ALIGNED FOR THE PROPOSITION 14 ERA.

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1 THESE ARE OUR SPARK PROGRAM, WHICH PROVIDES TRAINING  
2 THROUGH SUMMER RESEARCH INTERNSHIPS TO HIGH SCHOOL  
3 STUDENTS; OUR BRIDGES PROGRAM, NICKNAMED EDUC2,  
4 WHICH PROVIDES TRAINING, COURSEWORK, AND RESEARCH  
5 TRAINING TO STUDENTS THAT MAY BE IN CERTIFICATE  
6 PROGRAMS OR UNDERGRADUATES OR IN MASTER'S PROGRAMS  
7 AT OUR COMMUNITY COLLEGES AND STATE UNIVERSITY  
8 SYSTEM; AND RESEARCH TRAINING PROGRAM OR EDUC4.  
9 THIS IS OUR PROGRAM THAT TARGETS PREDOCTORAL,  
10 POSTDOCTORAL, AND CLINICAL STAGE FELLOWS AT  
11 TYPICALLY MORE MAJOR RESEARCH UNIVERSITIES OR  
12 INSTITUTIONS THAT HAVE MEDICAL SCHOOLS.

13 SO THE NEW CONCEPT THAT I AM GOING TO BE  
14 PRESENTING FOR YOU TO TODAY IS GOING TO JOIN THIS  
15 CADRE OF PROGRAMS AND WILL COMPLEMENT THEM AND BUILD  
16 ON THEM TOWARDS ACHIEVING OUR STRATEGIC PLAN IN  
17 ORDER TO REALIZE OUR MISSION. THIS PROGRAM IS  
18 NICKNAMED THE COMPASS PROGRAM OR EDUC5. THE  
19 OBJECTIVES OF THIS PROGRAM, AS WITH OUR OTHERS, ARE  
20 TO PREPARE A DIVERSE CADRE OF FUTURE WORKFORCE, IN  
21 THIS CASE TARGETING UNDERGRADUATE STUDENTS, TO  
22 PREPARE THEM FOR CAREERS IN REGENERATIVE MEDICINE.

23 THIS PROGRAM WILL CREATE NOVEL RECRUITMENT  
24 AND SUPPORT MECHANISMS THAT WILL IDENTIFY AND FOSTER  
25 UNTAPPED TALENT WITHIN POPULATIONS THAT ARE

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1 HISTORICALLY UNDERREPRESENTED IN THE BIOMEDICAL  
2 SCIENCES. THIS PROGRAM WILL COMBINE HANDS-ON  
3 RESEARCH OPPORTUNITIES WITH STRATEGIC AND STRUCTURED  
4 MENTORSHIP EXPERIENCES TO ENHANCE TRANSITION OF  
5 STUDENTS TO SUCCESSFUL CAREERS. ANOTHER GOAL OF  
6 THIS PROGRAM IS TO FOSTER GREATER AWARENESS AND  
7 APPRECIATION OF DIVERSITY, EQUITY, AND INCLUSION IN  
8 ALL PROGRAM PARTICIPANTS WHETHER THEY'RE THE  
9 TRAINEES THEMSELVES, THEIR MENTORS, OR  
10 ADMINISTRATORS.

11 NOW, WHY ARE WE PROPOSING A NEW  
12 UNDERGRADUATE CONCEPT AT THIS TIME AND HOW IS IT  
13 DIFFERENT FROM WHAT ELSE MIGHT BE OUT THERE? MOST  
14 UNDERGRADUATE RESEARCH TRAINING PROGRAMS, INCLUDING  
15 THOSE TARGETING STUDENTS FROM UNDERSERVED  
16 COMMUNITIES, FOCUS AROUND INDIVIDUALS WITH  
17 PREDEFINED ACADEMIC CREDENTIALS OR TEND TO AS WELL  
18 AS A STATED ASPIRATION OR COMMITMENT TOWARDS  
19 GRADUATE SCHOOL, MEDICAL SCHOOL, OR LEADERSHIP ROLES  
20 IN ACADEMIA. THERE ARE MANY OTHER POSITIONS THAT  
21 ARE NOT NECESSARILY PH.D., BUT WOULD ALSO STRONGLY  
22 BENEFIT FROM A RESEARCH BACKGROUND. SO THIS PROGRAM  
23 TARGETS A LITTLE BIT BROADER SET OF OPPORTUNITIES  
24 FOR THOSE WHO ARE INTERESTED.

25 EDUC5 WILL SUPPORT THE DEVELOPMENT AND

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1 IMPLEMENTATION OF NOVEL STRATEGIES TO RECOGNIZE AND  
2 FOSTER UNTAPPED TALENT THAT CAN LEAD TO NEW AND  
3 VALUABLE PERSPECTIVES THAT ARE SPECIFIC TO THE  
4 CHALLENGES OF REGENERATIVE MEDICINE AND THAT WILL  
5 CREATE NEW PATHS TO CAREERS THAT ARE NOT ALWAYS  
6 APPARENT TO STUDENTS IN THE ACADEMIC AND  
7 UNDERGRADUATE ENVIRONMENT.

8 EDUC5 WILL BE COMPLEMENTARY, BUT NOT  
9 COMPETING WITH THE CIRM BRIDGES PROGRAMS WHICH SERVE  
10 A DIFFERENT BUT EQUALLY IMPORTANT POPULATION OF  
11 TRAINEES. SIMILARLY, THIS PROGRAM IS UNLIKELY TO  
12 COMPETE FOR THE SAME POOLS OF STUDENTS THAT WOULD  
13 MOST LIKELY BE THE ONES TO RECEIVE SUPPORT THROUGH  
14 THE MAJOR NIH TRAINING PROGRAMS SUCH AS MARC AND  
15 U-RISE PROGRAMS.

16 SO WHAT DOES A COMPASS AWARD LOOK LIKE?  
17 I'M GOING TO GO INTO A LITTLE BIT MORE DETAIL ABOUT  
18 WHAT YOU SEE ON THIS SLIDE, BUT I WANTED TO SHARE  
19 THIS WITH YOU BECAUSE THIS IS AN OVERVIEW OF THE  
20 OVERALL PROGRAM WHICH CONSISTS OF THREE MAJOR ARMS  
21 THAT ARE ALL VERY IMPORTANT.

22 THE FIRST ARM ON THE LEFT IS THE OUTREACH  
23 RECRUITMENT ARM. THIS IS THE STRATEGY FOR  
24 IDENTIFYING AND RECRUITING THE STUDENTS WHO WILL  
25 ACTUALLY BE PLACED INTO THE PROGRAM. THE MIDDLE

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1 COLUMN HERE IS THE TRAINEE EXPERIENCE. THIS WHAT  
2 THE TRAINEES WILL ACTUALLY UNDERTAKE ONCE THEY ARE  
3 APPOINTED AS A COMPASS SCHOLAR. AND THE THIRD  
4 COMPONENT ON THE RIGHT IS A MENTORSHIP PROGRAM.  
5 IT'S GOING TO BE A VERY STRONG COMPONENT OF THIS  
6 EXPERIENCE THAT WILL CONTRIBUTE TO THE SUCCESS OF  
7 THE TRAINEES. AND I'LL GO INTO A LITTLE BIT MORE  
8 DETAIL ABOUT THAT IN JUST A SECOND.

9 LET'S BEGIN WITH THE COLUMN ON THE LEFT,  
10 OUTREACH AND RECRUITMENT. EACH PROGRAM WILL HAVE AN  
11 ADAPTIVE OUTREACH AND RECRUITMENT PLAN THAT WILL BE  
12 MANAGED BY A DEDICATED PERSONNEL ROLE WHO WILL  
13 OVERSEE THE STRATEGY. WE'LL REFER TO THIS PERSON AS  
14 THE DIVERSITY AND OUTREACH COORDINATOR. THROUGH  
15 THIS APPROACH, PROGRAMS WILL ASSESS DISPARITIES IN  
16 THEIR OWN STEM PROGRAMS AND DEVELOP NOVEL AND  
17 SPECIFIC RECRUITMENT STRATEGIES TO ADDRESS AND  
18 OVERCOME THESE. THESE CAN INCLUDE THINGS LIKE  
19 INCREASING STRATEGIC OUTREACH TO UNDERREPRESENTED  
20 GROUPS AT UNIVERSITY AND COMMUNITY COLLEGES. FOR  
21 EXAMPLE, UNDERREPRESENTED GROUPS WOULD BE  
22 SOCIOECONOMICALLY DISADVANTAGED STUDENTS OR FIRST IN  
23 THEIR FAMILY TO ATTEND COLLEGE. THIS WILL CREATE  
24 NEW MECHANISMS TO ADDRESS DISPARITIES AND LOWER  
25 BARRIERS TO PARTICIPATION AND BUILD AND FOSTER AND

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1 MAINTAIN AN INCLUSIVE AND SUPPORTIVE ENVIRONMENT.

2 PART OF THIS PLAN INCLUDES REGULAR  
3 SELF-ASSESSMENT OF PROGRESS TOWARDS THESE GOALS,  
4 ANALYSIS, AND REPORTING TO CIRM, AND ADJUSTING  
5 OUTREACH STRATEGIES AS NEEDED.

6 THE SECOND COMPONENT IS WHAT THE TRAINEES  
7 EXPERIENCE ONCE THEY ARE APPOINTED, THE FEATURES AND  
8 ACTIVITIES. SO STUDENTS WOULD BE APPOINTED TO A  
9 PROGRAM FOR AT LEAST TWO YEARS, BUT IT COULD BE TWO-  
10 OR THREE-YEAR TERMS PER PROGRAM DESIGN. IT'S UP TO  
11 THEM TO PROPOSE WHAT WORKS BEST FOR THE PROGRAM THAT  
12 WOULD BE CONSIDERED.

13 ALL APPOINTED STUDENTS, HOWEVER, WOULD  
14 RECEIVE FOUNDATIONAL COURSEWORK IN STEM CELL  
15 REGENERATIVE MEDICINE, PRINCIPLES OF TRANSLATIONAL  
16 RESEARCH AND GOOD RESEARCH HABITS, AND WILL HAVE  
17 OPPORTUNITIES TO HAVE SPECIALIZED OPTIONS AS WELL;  
18 FOR EXAMPLE, CLASSES LIKE COMPUTATIONAL BIOLOGY,  
19 DATA ANALYSIS, OR OTHERS. THEY'LL RECEIVE TRAINING  
20 IN SOFT SKILLS DEVELOPMENT, WHICH IS PRESENTATION  
21 AND SCIENTIFIC WRITING. ALL WILL HAVE  
22 INDIVIDUALIZED FORMAL MENTORSHIP PLANS AND CAREER  
23 COUNSELING, AND, IMPORTANTLY, ALL WILL HAVE  
24 OPPORTUNITIES FOR PAID, FULL-TIME HANDS-ON RESEARCH  
25 INTERNSHIPS IN ACADEMIC OR BIOTECH LABORATORIES FOR

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1 ONE OR MORE SUMMER TERMS OR AN EQUIVALENT TERM  
2 SPREAD OUT OVER AN ACADEMIC YEAR IF THE SUMMER  
3 INTERNSHIP ISN'T FEASIBLE FOR A PARTICULAR STUDENT.

4 ALL STUDENTS WILL PARTICIPATE IN PATIENT  
5 ENGAGEMENT AND COMMUNITY OUTREACH ACTIVITIES, A  
6 COMMON FEATURE OF ALL CIRM'S TRAINING PROGRAMS. AND  
7 STUDENTS WILL WORK ON A CAPSTONE PROJECT WITH THE  
8 HELP OF THEIR MENTORS AND PRESENT AT A CONFERENCE AT  
9 THE CULMINATION OF THEIR TRAINING EXPERIENCE.

10 THE THIRD MAJOR COMPONENT OF ALL COMPASS  
11 PROGRAMS IS THE MENTORSHIP PROGRAM. THIS IS AN  
12 IMPORTANT ENOUGH COMPONENT THAT WE ARE REQUIRING A  
13 DEDICATED PERSONNEL ROLE OR MENTORSHIP FACILITATOR  
14 TO MANAGE IT. THEIR JOB WOULD BE TO IDENTIFY AND  
15 TRAIN A SMALL TEAM OF INDIVIDUALS THAT CAN SERVE AS  
16 ROLE MODELS FOR STUDENTS AND BRING CULTURAL  
17 AWARENESS, KNOWLEDGE, AND PERSPECTIVES REPRESENTING  
18 THE TARGETED STUDENT GROUPS THAT MAY NOT BE PRESENT  
19 IN THE RESIDENT FACULTY AT THE ACADEMIC INSTITUTION.  
20 THEY WILL BE THE ONES WHO ARE PROVIDING THE  
21 INDIVIDUAL DEVELOPMENT PLANS FOR STUDENTS AND THE  
22 MENTORING, ENSURING APPROPRIATE MENTORING AGREEMENTS  
23 BETWEEN THE STUDENTS AND THEIR RESEARCH ADVISORS,  
24 PROVIDE INFORMAL MENTOR TRAINING FOR THOSE RESEARCH  
25 ADVISORS. THEY WILL DEVELOP AND IMPLEMENT

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1 COHORT-WIDE ACTIVITIES TO GUIDE THE PERSONAL AND  
2 PROFESSIONAL GROWTH OF TRAINEES, SUCH AS LIFE SKILLS  
3 WORKSHOPS, RESUME, INTERVIEW WORKSHOPS, NETWORKING  
4 EVENTS. THEY'LL PROVIDE CAREER COUNSELING AND  
5 INTRODUCTION TO THE DIVERSE ARRAY OF OPPORTUNITIES  
6 IN WHICH THEIR RESEARCH SKILLS CAN BE APPLIED FOR  
7 REGENERATIVE MEDICINE CAREERS.

8 AND, FINALLY, WE HOPE -- WE WILL REQUIRE  
9 THAT THEY SHARE MENTORSHIP APPROACHES THAT ARE  
10 DEVELOPED AND BEST PRACTICES WITH OTHER  
11 ORGANIZATIONS SO THAT THEIR STUDENTS MAY TOO BENEFIT  
12 FROM THESE TYPES OF APPROACHES.

13 SO WHO CAN APPLY FOR ONE OF THESE AWARDS?  
14 THIS COMPETITION, WE PROPOSE, WOULD BE OPEN TO  
15 CALIFORNIA PUBLIC UNIVERSITIES, COLLEGES, OR PRIVATE  
16 NONPROFIT ACADEMIC INSTITUTIONS THAT HAVE AN  
17 ACCREDITED BACHELOR'S DEGREE PROGRAM IN BIOLOGY,  
18 BIOENGINEERING, BIOMEDICAL SCIENCES, OR OTHER STEM  
19 DISCIPLINES THAT ARE RELEVANT TO REGENERATIVE  
20 MEDICINE.

21 INSTITUTIONS THAT INTEND TO HOST THE  
22 SUMMER RESEARCH INTERNSHIPS INTERNALLY WITHIN THE  
23 INSTITUTION MUST INCLUDE PARTICIPATING FACULTY WITH  
24 FEDERAL OR CIRM-SUPPORTED RESEARCH PROGRAMS IN  
25 REGENERATIVE MEDICINE RELATED DISCIPLINES. HOWEVER,

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1 IF AN APPLICANT INSTITUTION LACKS THIS NECESSARY  
2 RESEARCH INFRASTRUCTURE, THEY MAY PARTNER WITH AN  
3 EXTERNAL ORGANIZATION SUCH AS ONE OF THOSE RESEARCH  
4 INTENSIVE UNIVERSITIES OR INSTITUTES OR EVEN AN  
5 APPROPRIATE BIOTECHNOLOGY OR PHARMACEUTICAL COMPANY  
6 TO PROVIDE AN APPROPRIATE INTERNSHIP OPPORTUNITY FOR  
7 THEIR STUDENTS.

8 WHO WILL LEAD THIS PROGRAM? I'VE ALREADY  
9 ALLUDED TO THIS A LITTLE BIT ON MY OTHER SLIDES, BUT  
10 THERE WILL BE A PROGRAM DIRECTOR WHO IS ULTIMATELY  
11 RESPONSIBLE FOR OVERSEEING ALL ACTIVITIES OF THE  
12 PROGRAM, WHICH INCLUDES THE TRAINEE RECRUITMENT,  
13 PLACEMENT, MENTORING, AND RETENTION.

14 THERE WILL BE A MENTORSHIP FACILITATOR  
15 WHO, AS I DESCRIBED, WILL DESIGN AND EXECUTE ON THE  
16 MENTORSHIP PROGRAM, AND THEN THE DIVERSITY AND  
17 OUTREACH COORDINATOR WHO WILL STRATEGIZE AND  
18 EVALUATE THE EFFORTS TO RECRUIT DIVERSE AND  
19 QUALIFIED STUDENTS FROM UNDERREPRESENTED AND  
20 DISADVANTAGED POPULATIONS AND BRING VALUE TO CIRM'S  
21 MISSION.

22 SO THE BUDGET AND BUDGET REQUEST TO  
23 SUPPORT THIS PROGRAM ARE HIGHLIGHTED ON THIS SLIDE.  
24 SO ULTIMATELY WE WILL BE TARGETING AROUND 20 AWARDS  
25 WHICH WOULD REQUIRE AN ALLOCATION OF ABOUT \$58.22

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1 MILLION. THIS BREAKS DOWN AS FOLLOWS. THE  
2 INDIVIDUAL AWARD AT MAXIMUM WOULD BE \$2.91 MILLION.  
3 IF ALL BUDGET CATEGORIES WERE MAXIMIZED, THE MAXIMUM  
4 NUMBER OF TRAINEES PER AWARD THAT WOULD BE SUPPORTED  
5 WOULD UP TO 25. OF COURSE, SINCE PROGRAMS MIGHT  
6 PROPOSE TWO-YEAR VERSUS THREE YEARS OR EVEN A  
7 MIXTURE OF APPOINTMENT DURATIONS, THE COST WOULD  
8 VARY A LITTLE BIT DEPENDING ON THAT MIX. BUT  
9 SPECIFICALLY, THE WAY THIS 2.91 BREAKS DOWN IS THAT  
10 THE DIRECT STUDENT COSTS, WHICH ARE THOSE THAT GO TO  
11 COSTS ASSOCIATED WITH THE SPECIFIC TRAINEE, THINGS  
12 LIKE STIPENDS, COURSE FEES, TUITION OFFSET,  
13 RESEARCH-RELATED FUNDS FOR THE INTERNSHIP, AND  
14 TRAVEL TO THE ANNUAL CONFERENCE COME OUT TO JUST  
15 OVER 30,000 PER STUDENT PER YEAR. AND THE  
16 ADMINISTRATIVE FUNDS WOULD SUPPORT THE RECRUITMENT  
17 STRATEGIES AS WELL AS DEVELOPING AND OPERATING THE  
18 MENTORSHIP PROGRAM, A LITTLE OVER \$27,000. SO THE  
19 TOTAL COST PER STUDENT PER YEAR COMES OUT TO JUST A  
20 LITTLE OVER \$58,000 PER YEAR.

21 IN SUM, CIRM REQUESTS THE BOARD APPROVE  
22 THE PROPOSED EDUC5 COMPASS TRAINING PROGRAM CONCEPT  
23 WITH AN ALLOCATION OF 58.22 MILLION TO SUPPORT UP TO  
24 20 NEW AWARDS WHICH WOULD LAST APPROXIMATELY FIVE  
25 YEARS WITH A MAXIMUM OF \$2.9 MILLION PER AWARD. AND

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1 THAT IS THE END OF MY PRESENTATION, AND I'M HAPPY TO  
2 TAKE QUESTIONS.

3 CHAIRMAN GOLDSTEIN: THANK YOU, KELLY.  
4 VERY WELL PRESENTED A CLEAR. OKAY. QUESTIONS FROM  
5 THE SCIENCE COMMITTEE? OKAY. MARK FISCHER-COLBRIE.

6 DR. FISCHER-COLBRIE: COULD YOU JUST KIND  
7 OF RECAP AGAIN WHAT IS COMMON WITH THE BRIDGES  
8 PROGRAM, THE UNDERGRADUATE FUNDING, AND WHAT IS  
9 DIFFERENT THAN THE BRIDGES PROGRAM?

10 DR. SHEPARD: OKAY. WHAT IS COMMON AND  
11 WHAT IS DIFFERENT. SO THERE ARE ACTUALLY QUITE A  
12 FEW DIFFERENCES. SO, FIRST OF ALL, THE BRIDGES  
13 PROGRAM IS ONLY OFFERED AT CALIFORNIA STATE  
14 UNIVERSITIES AND COMMUNITY COLLEGES. IT'S NOT OPEN  
15 TO UC'S OR OTHER INSTITUTIONS. AND THE REASON WAS  
16 THAT PROGRAM WAS TARGETED TO PROVIDE A BRIDGE TO  
17 BRING OPPORTUNITIES FOR CUTTING-EDGE STEM CELL  
18 REGENERATIVE MEDICINE RESEARCH TO THOSE INSTITUTIONS  
19 THAT DON'T HAVE THAT ENVIRONMENT THERE. IT'S REALLY  
20 TARGETED AT -- IT'S ALSO A MORE COMPREHENSIVE  
21 PROGRAM IN THAT IT'S NOT FOCUSED ON A SPECIFIC SET  
22 OF -- STAGE OF RESEARCH. IN OTHER WORDS, SOME  
23 BRIDGES PROGRAMS SUPPORT CERTIFICATE PROGRAMS AT  
24 COMMUNITY COLLEGES, SOME SUPPORT UNDERGRADUATES, AND  
25 ABOUT HALF OF THEM SUPPORT MASTER'S PROGRAMS.

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1           HOWEVER, IN ALL CASES WHAT'S COMMON TO ALL  
2 THE BRIDGES PROGRAMS IS THAT THEY'RE TOWARD THE END  
3 OF THAT PROGRAM, AND THEY'RE IN A TRANSITION PERIOD.  
4 SO BASICALLY THEY DO RECEIVE SOME COURSEWORK AND  
5 SOME ADVANCED TISSUE CULTURE TRAINING; HOWEVER, THE  
6 MAJORITY OF THE FUNDING IN A BRIDGES AWARD GOES TO  
7 SUPPORTING THEIR FULL-TIME RESEARCH INTERNSHIP,  
8 WHICH CAN BE UP TO A YEAR THAT THEY DO AFTER THEY'VE  
9 COMPLETED THEIR TRAINING, BUT BEFORE THEY GET THEIR  
10 DEGREE. SO ITS KIND OF AN END-STAGE PROGRAM THAT IS  
11 A TRANSITIONING PROGRAM THAT WILL HELP THEM BE  
12 SUCCESSFUL IN THE NEXT STAGE OF WHATEVER THEY CHOOSE  
13 TO DO, WHETHER THAT'S TAKING A JOB OR WHETHER THAT'S  
14 GOING TO GRADUATE SCHOOL OR MEDICAL SCHOOL.

15           THIS PROGRAM IS DIFFERENT. IT'S TARGETING  
16 STUDENTS AT A MUCH EARLIER STAGE WHERE THEY HAVEN'T  
17 NECESSARILY DECIDED WHAT THEY WANT TO DO NEXT, BUT  
18 THEY ARE INTERESTED IN RESEARCH AND THEY HAVE TALENT  
19 AND CURIOSITY. IT'S TARGETING STUDENTS WHO MIGHT  
20 NOT BE AWARE OF ALL THE DIFFERENT POSSIBILITIES FOR  
21 THEM OR THEY MIGHT KNOW THAT THEY MIGHT WANT TO GO  
22 ON TO GRADUATE SCHOOL OR PH.D. PROGRAM, BUT THEY  
23 MIGHT NOT KNOW THE BEST WAY TO GET THERE. AND SO  
24 OFTEN YOU CAN IMAGINE AS A YOUNG STUDENT, MAYBE THE  
25 FIRST IN YOUR FAMILY TO BE INTERESTED IN A

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1 SCIENTIFIC CAREER, YOU GET ACCEPTED INTO A  
2 UNIVERSITY AND THERE'S A HUGE STUDENT BODY  
3 POPULATION WHERE CLASSES HAVE 200, 300 PEOPLE. YOU  
4 HAVE AN IDEA WHAT CLASSES YOU MIGHT WANT TO TAKE,  
5 BUT IT MIGHT SEEM OVERWHELMING.

6 THE MENTORSHIP PROGRAM IS GOING TO  
7 IDENTIFY THESE STUDENTS AND MAKE SURE THEY  
8 UNDERSTAND WHAT THEY NEED TO DO, WHO THEY NEED TO  
9 TALK TO, MAKE SURE THEY GET THE SUPPORT THEY NEED,  
10 MAKE THEM AWARE OF ALL THE DIFFERENT POSSIBILITIES  
11 THAT ARE AVAILABLE TO THEM WHEN THEY RECEIVE THEIR  
12 RESEARCH TRAINING SO THAT WE CAN BRING NEW PEOPLE  
13 INTO THE FIELD AND KEEP THEM THERE AND HAVE THEM  
14 FEEL SUPPORTED AND INCLUDED.

15 SO WE CONSIDER THAT THESE PROGRAMS TARGET  
16 DIFFERENT POPULATIONS OF STUDENTS, BUT THEY'RE BOTH  
17 POPULATIONS OF STUDENTS THAT WOULD BENEFIT FROM  
18 SUPPORT AND WOULD BRING VALUE TO CIRM'S MISSION IN  
19 JOINING THE REGENERATIVE MEDICINE WORKFORCE. DID I  
20 COVER ALL THE QUESTION OR --

21 DR. FISCHER-COLBRIE: THANK YOU. IT'S  
22 VERY HELPFUL. IF I MISSED IT, YOU MAY CONSIDER  
23 PUTTING TOGETHER A LITTLE LIST OF WHAT'S COMMON, BUT  
24 MORE IMPORTANTLY WHAT'S DIFFERENT JUST FOR A SUMMARY  
25 TO BE ABLE TO COMMUNICATE THAT ACTIVITY. SO THANK

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1 YOU.

2 DR. AVILES: KELLY, YOU MIGHT WANT TO PUT  
3 UP THAT SLIDE THAT COMPARES THE PROGRAMS.

4 DR. SHEPARD: I DO ACTUALLY HAVE A SLIDE  
5 THAT COMPARES BRIDGES WITH EDUC5. WOULD YOU LIKE ME  
6 TO SHARE THE SLIDES? I INCLUDED THEM AS EXTRAS IN  
7 CASE ANYBODY WANTED TO SEE A VISUAL REPRESENTATION  
8 OF WHAT I DESCRIBED. WOULD THAT BE HELPFUL NOW?

9 CHAIRMAN GOLDSTEIN: YES, PLEASE, KELLY.

10 DR. SHEPARD: OKAY. OKAY. SO I THINK I  
11 PROBABLY EXPLAINED IT IN A LITTLE BIT MORE DETAIL.  
12 BUT AS I MENTIONED, THE INSTITUTIONS TARGETED ARE  
13 DIFFERENT. THE BRIDGES PROGRAM IS OFFERED TO  
14 TEACHING UNIVERSITIES, CALIFORNIA STATE  
15 UNIVERSITIES, COMMUNITY COLLEGES, OR ACADEMIC  
16 INSTITUTIONS WITHOUT MAJOR REGENERATIVE MEDICINE  
17 RESEARCH INFRASTRUCTURE AND FACULTY. WHEREAS, THE  
18 COMPASS PROGRAM IS GOING TO BE MORE BROADLY  
19 AVAILABLE TO INSTITUTIONS WITH ACCREDITED BACHELOR'S  
20 PROGRAMS IN REGENERATIVE MEDICINE-RELATED  
21 DISCIPLINES OR STEM PROGRAMS, BUT WHO CAN HAVE  
22 ACCESS TO CUTTING EDGE RESEARCH INFRASTRUCTURE AND  
23 FACULTY WITHIN THEIR OWN INSTITUTION OR BY BRIDGING  
24 WITH A PARTNER.

25 THE STUDENTS TARGETED BY BRIDGES ARE

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1 DIVERSE, ACCOMPLISHED STUDENTS ENROLLED IN THE LATER  
2 TRANSITION STAGES, A TRANSITION STAGE, OF THEIR  
3 CERTIFICATE OR DEGREE GRANTING PROGRAMS. AND THEY  
4 CAN BE AT THE UNDERGRADUATE POST BACCALAUREATE OR  
5 MASTER'S LEVEL. IN FACT, ABOUT HALF OF THE BRIDGES  
6 PROGRAMS ARE ACTUALLY MASTER'S PROGRAMS. THIS  
7 PROGRAM WILL TARGET DIVERSE STUDENTS EARLIER IN  
8 THEIR UNDERGRADUATE AND BACHELOR'S DEGREE PROGRAMS  
9 OR RECENTLY TRANSFERRED OR RECRUITED FROM COMMUNITY  
10 COLLEGES WHO ARE IDENTIFIED AS UNTAPPED TALENT OR  
11 TALENT THAT WOULD BENEFIT FROM UNIQUE PROGRAM  
12 SUPPORT.

13 THERE'S A SECOND SLIDE. THE CORE ELEMENTS  
14 THAT THE BRIDGES PROGRAM PROVIDES TO STUDENTS ARE  
15 REGENERATIVE MEDICINE-FOCUSED COURSES AND WORKSHOPS,  
16 AN ADVANCED LABORATORY TECHNIQUES COURSE WHICH IS  
17 TAKEN OFFSITE AND IS A WEEK LONG, IN SOME CASES TWO  
18 WEEKS LONG. THEY DO THEIR INTERNSHIPS AT A  
19 PARTNERING OR HOST INSTITUTION THAT DOES HAVE  
20 CUTTING-EDGE STEM CELL RESEARCH FACULTY AND  
21 FACILITIES, INCLUDING PLACES THAT HAVE CIRM MAJOR  
22 FACILITIES PROGRAMS, THOSE THAT HAVE PH.D. PROGRAMS  
23 IN STEM CELL SCIENCE, MEDICAL SCHOOLS, OR  
24 BIOTECHNOLOGY COMPANIES DOING REGENERATIVE MEDICINE  
25 RESEARCH. THEY DO PARTICIPATE IN PATIENT COMMUNITY

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1 AND OUTREACH ACTIVITIES.

2 IN THE COMPASS PROGRAM, THERE'S A FORMAL  
3 MENTOR PROGRAM TO SUPPORT AND RETAIN TRAINEES AND TO  
4 DISSEMINATE BEST PRACTICES TO OTHER INSTITUTIONS.  
5 THE SELECTION AND RECRUITMENT STRATEGIES IS A KEY  
6 COMPONENT IN COMPASS WHERE WE'RE ASKING POTENTIAL  
7 GRANTEES TO INNOVATE AROUND THESE STRATEGIES IN  
8 ORDER TO IDENTIFY AND RETAIN TRAINEES REPRESENTING  
9 UNDERSERVED COMMUNITIES AND UNTAPPED TALENT.

10 THIS PROGRAM WILL PROVIDE FOUNDATIONAL  
11 COURSEWORK TOWARDS ACHIEVING THAT BACHELOR'S DEGREE  
12 IN STEM REGENERATIVE MEDICINE-RELATED DISCIPLINES.  
13 THE RESEARCH INTERNSHIPS WILL BE SHORTER BECAUSE  
14 THEY'LL BE FOR THE SUMMER BECAUSE THESE STUDENTS ARE  
15 NOT AT THE END OF THEIR UNDERGRADUATE CAREER, BUT  
16 THEY'RE BASICALLY IN THE BEGINNING OF THEIR  
17 SPECIALIZATION OR PRIOR TO THE SPECIALIZATION PHASE.  
18 BUT THESE INTERNSHIPS CAN ACTUALLY TAKE PLACE AT THE  
19 HOME INSTITUTION IF APPROPRIATE OR WITH A PARTNERING  
20 ORGANIZATION. AND THEY TOO WILL PARTICIPATE IN  
21 PATIENT COMMUNITY OUTREACH.

22 AND, FINALLY, THE DURATION, THE  
23 INTERNSHIPS FOR THE BRIDGES PROGRAM, MOST OF THE  
24 PROGRAMS OFFER A 12-MONTH INTERNSHIP, BUT IT CAN BE  
25 A LITTLE BIT -- EIGHT OR NINE MONTHS IN SOME OF THE

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1 OTHER PROGRAMS. UNDER THE EDUC5 PROGRAM, STUDENTS  
2 WILL BE SUPPORTED FOR 24 TO 36 MONTHS THROUGHOUT AN  
3 INTERNSHIP AS WELL AS THEIR TIME IN SCHOOL.

4 CHAIRMAN GOLDSTEIN: GREAT. THANK YOU,  
5 KELLY. NEXT UP, HAIFA.

6 DR. ABDULHAQ: THANK YOU. KELLY, THANK  
7 YOU FOR AN EXCELLENT PRESENTATION. CAN YOU JUST  
8 CLARIFY FOR ME, PLEASE, IF CIRM PARTICIPATES IN THE  
9 DECISION REGARDING CHOOSING THESE STUDENTS, OR IS  
10 THIS MAINLY DECIDED BY THE INSTITUTIONS?

11 DR. SHEPARD: CIRM ITSELF PLAYS NO ROLE.  
12 THE INSTITUTIONS ARE GOING TO PUT TOGETHER PROPOSALS  
13 THAT WILL TELL US HOW THEY WILL SELECT THE STUDENTS,  
14 WHAT THEIR STRATEGIES WILL BE, ET CETERA. ONCE THE  
15 GRANTS ARE AWARDED, THEY DO ALL OF THIS. HOWEVER,  
16 THEY DO SUBMIT PROGRESS REPORTS TO US SO WE CAN SEE  
17 HOW THEY'RE DOING, IF THEY'RE MEETING THEIR OWN  
18 GOALS, IF THEY'RE MEETING THE GOALS THAT WE THINK  
19 ARE IMPORTANT FOR CIRM'S MISSION. AND WE HAVE  
20 OPPORTUNITIES TO INTERVENE AND COURSE CORRECT AND  
21 HELP THEM COURSE CORRECT IF THAT'S NOT HAPPENING.

22 DR. ABDULHAQ: SO HOW DO WE -- HOW DOES  
23 CIRM HELP ENSURE THAT THIS EXPERTISE IS BEING  
24 DISSEMINATED TO OTHER INSTITUTIONS? I GUESS WHAT  
25 I'M GETTING TO, IN TERMS OF THESE PROGRAMS, WHETHER

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1 THE BRIDGES OR THE COMPASS PROGRAMS, I SEE THIS  
2 GOING TO CERTAIN INSTITUTIONS WHERE WE FEEL THAT  
3 THEY HAVE THE EXPERTISE THEY CAN PROVIDE FOR THESE  
4 STUDENTS. BUT HOW CAN WE BRIDGE THE GAP BETWEEN THE  
5 INSTITUTIONS IN CALIFORNIA; FOR EXAMPLE,  
6 INSTITUTIONS LIKE IN THE CENTRAL VALLEY? HOW DO WE  
7 BRING THAT TO THAT AND KIND OF BRIDGE THAT GAP?

8 DR. SHEPARD: THAT'S A REALLY GOOD  
9 QUESTION. AND THAT, OF COURSE, IS A GOAL THAT WE  
10 SHARE. THAT IS EXACTLY WHAT WE WANT TO HAPPEN. SO  
11 ONE OF THE WAYS THE BRIDGES PROGRAM WAS SPECIAL IS  
12 OFFERING THE OPPORTUNITY FOR SOME OF THESE  
13 INSTITUTIONS THAT ARE BIT MORE GEOGRAPHICALLY  
14 DISTRIBUTED TO BENEFIT FROM CIRM FUNDING. HOWEVER,  
15 WE CAN'T CHANGE THE FACT THAT A LOT OF THE HEAVY  
16 RESEARCH INFRASTRUCTURE IS IN SPECIFIC LOCATIONS.  
17 AND SO HOW DO WE CREATE OPPORTUNITIES THAT CAN  
18 BENEFIT AS MANY PEOPLE AS POSSIBLE?

19 SO THAT IS ACTUALLY A QUESTION WE ARE  
20 ASKING THESE PEOPLE WHO HAVE THESE GRANTS TO HELP US  
21 SOLVE AS WELL. THERE IS A COMPONENT IN THE COMPASS  
22 PROGRAM WHERE THEY ARE GOING TO BE REQUIRED TO DO  
23 THIS. AND SO THERE WILL BE A SECTION IN THEIR  
24 APPLICATION WHERE THEY'RE GOING TO DESCRIBE THE  
25 STRATEGIES. HOW WILL THEY REACH OUT TO THESE

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1 COMMUNITIES? HOW WILL THEY REACH OUT TO  
2 INSTITUTIONS OUTSIDE OF THIS IMMEDIATE GEOGRAPHIC  
3 AREA?

4 PART OF THIS IS TO IDENTIFY, TAKE A GOOD  
5 LOOK AT WHO'S MISSING IN YOUR OWN PROGRAM AND WHERE  
6 ARE THEY IN THE STATE, AND HOW CAN WE MAKE THEM MORE  
7 AWARE OF THESE PROGRAMS? WHAT KIND OF MECHANISMS  
8 CAN WE BUILD TO CONNECT THEM TO US, WHETHER THAT BE  
9 THROUGH THE COMMUNITY ENGAGEMENT SIDE OF THINGS,  
10 WHETHER THAT BE VISITING THE CAMPUSES, OR BRINGING  
11 PEOPLE IN AND GIVING THEM TOURS. THERE ARE A  
12 VARIETY OF WAYS PEOPLE COULD GO, BUT WHAT WE ARE  
13 HOPING IS THAT SOME OF THIS INNOVATION WILL COME  
14 FROM THE PROGRAMS THEMSELVES. IT WILL BE SOMETHING  
15 THAT THEY'RE REVIEWED FOR BY OUR EXPERT GRANTS  
16 WORKING GROUP. AND THEY'LL BE ABLE TO TELL US WHICH  
17 APPROACHES THEY THINK ARE THE MERITORIOUS ONES, AND  
18 THEN WE WILL FUND THEM, AND WE WILL HOLD THEM  
19 ACCOUNTABLE TO THIS.

20 AND WE WILL LEARN FROM THIS AS WELL. A  
21 LOT OF THE COMPONENTS THAT WE PUT INTO THIS PROGRAM  
22 ARE BUILT ON LESSONS THAT WE LEARNED FROM  
23 ADMINISTERING OUR EARLIER TRAINING PROGRAMS, AND WE  
24 ARE CONTINUING TO LEARN. AND WE LEARNED FROM  
25 BRIDGES, AND I THINK WE WOULD LEARN FROM THIS

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1 PROGRAM AS WELL. AND IT WILL HELP US TO IMPROVE  
2 THINGS, NOT ONLY IN THIS PROGRAM GOING FORWARD, BUT  
3 ACROSS OUR PROGRAMS AS A WHOLE.

4 DR. ABDULHAQ: THANK YOU.

5 CHAIRMAN GOLDSTEIN: THANK YOU. KEITH,  
6 YOU'RE NEXT UP.

7 DR. YAMAMOTO: YES. KELLY, THANKS FOR  
8 YOUR PRESENTATION. I THINK THIS PROGRAM IS REALLY  
9 TERRIFIC. I HAVE ONE SPECIFIC QUESTION ABOUT A  
10 POTENTIAL OVERLAP WITH OTHER PROGRAMS. YOU POINTED  
11 OUT IN ONE OF YOUR SLIDES THAT THE EDUC5 PROGRAM IS  
12 UNLIKELY TO COMPETE FOR THE SAME POOL OF STUDENTS  
13 THAT APPLY FOR NIH PROGRAMS, LIKE MARK, WHICH I KNOW  
14 A LITTLE BIT ABOUT.

15 AND SO COULD YOU JUST MAYBE DRILL DOWN ON  
16 THAT A LITTLE BIT AND JUST SAY WHERE THERE WOULDN'T  
17 BE COMPETITION? I SHOULD ACTUALLY SAY THAT IT  
18 DOESN'T BOTHER ME, IN FACT, THAT THIS COULD DRAW ON  
19 AN OVERLAPPING POOL. THERE'S A GREAT NEED OUT THERE  
20 AND INSUFFICIENT RESOURCES. SO I'M NOT VERY  
21 CONCERNED ABOUT THAT, BUT WHAT DID YOU HAVE IN MIND  
22 WHEN YOU THOUGHT THERE WOULD BE NO OVERLAP IN  
23 APPLICANT POOLS?

24 DR. SHEPARD: WELL, I DON'T KNOW THAT  
25 THERE WOULD BE NO OVERLAP. I THINK THAT IF

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1 EVERYTHING GOES THE WAY WE HOPE, IT WOULD BE  
2 UNLIKELY. THE REASON I SAY THAT IS IF YOU LOOK AT  
3 THE U-RISE AND MARC PROGRAM AND THE REQUIREMENTS,  
4 THEY ARE REALLY TARGETING STUDENTS THAT HAVE ALREADY  
5 MADE A COMMITMENT TO GOING INTO A PH.D. PROGRAM OR  
6 MEDICAL SCHOOL. SO THESE ARE STUDENTS WHO HAVE  
7 DECIDED THAT THEY WANT TO GO ALL THE WAY. THEY  
8 TYPICALLY HAVE VERY, LIKE, CERTAIN ACADEMIC, NOT  
9 JUST THESE PROGRAMS, BUT A LOT OF THE PROGRAMS THAT  
10 SUPPORT UNDERGRADUATE FELLOWSHIPS, SOMETIMES THEY  
11 USE ACADEMIC SELECTION CRITERIA LIKE A CERTAIN SAT  
12 SCORE CUTOFF, A CERTAIN GPA, A CERTAIN GRADE IN A  
13 CERTAIN CLASS. THAT SELECTS A SET OF TALENTED  
14 STUDENTS THAT IS INDEED TALENTED, BUT IT'S KIND OF  
15 JUST ONE SET OF CRITERIA THAT CAN BE USED TO  
16 IDENTIFY STUDENTS WITH POTENTIAL. AND IT ACTUALLY  
17 OVERLOOKS A LOT OF STUDENTS THAT MIGHT BE A LITTLE  
18 BIT EARLIER IN THEIR CAREER AND MAY NOT HAVE HAD THE  
19 SAME ACCESS OR KNOW-HOW OR RESOURCES TO GET TO A  
20 PLACE, YET, NONETHELESS, WOULD BE VERY SUCCESSFUL IN  
21 RESEARCH CAREERS AND BRING NOVEL AND NEEDED  
22 PERSPECTIVES.

23 AND SO WHAT WE WOULD BE ASKING THESE  
24 PROGRAMS TO DO IS NOT JUST USE THE SAME SELECTION  
25 CRITERIA THAT OTHERS HAVE USED BECAUSE WE WILL JUST

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1 BE DOING THE SAME THING AS EVERYBODY ELSE. WE WANT  
2 YOU TO LOOK DEEPER, WE WANT YOU TO INNOVATE, WE WANT  
3 YOU TO COME UP WITH NEW WAYS TO IDENTIFY THOSE  
4 STUDENTS THAT SHOW POTENTIAL, AND THEN SUPPORT THEM  
5 SO THAT WE CAN BRING THEM INTO THE FOLD.

6 AND I'VE TALKED TO OTHER PROGRAM OFFICERS  
7 WHO RUN TRAINING PROGRAMS THAT TARGET UNDERSERVED  
8 COMMUNITIES. AND WHEN YOU USE A VERY NARROW SET OF  
9 ACADEMIC SELECTION CRITERIA, WHAT YOU END UP WITH IS  
10 YOU'RE ALL COMPETING FOR A SAME POPULATION OF  
11 STUDENTS. THERE ARE FAR MORE STUDENTS OUT THERE  
12 THAT ARE WORTH COMPETING FOR THAT JUST ARE THERE IF  
13 YOU LOOK. WE'RE CONVINCED THAT NEW MECHANISMS AND  
14 DEVOTING A PROGRAM TO IDENTIFYING THEM AND RAISING  
15 THEM UP IS THE WAY TO FIND THEM. THIS DOESN'T  
16 NECESSARILY EXCLUDE THOSE WHO COULD APPLY FOR A RISE  
17 OR A MARK PROGRAM FROM APPLYING FOR THIS AS WELL.  
18 SO WE REALLY WERE WANTING TO PUT THE EMPHASIS ON  
19 HAVING THESE PROGRAMS LOOK AT WHO THEY'RE MISSING  
20 AND FIND WAYS TO BRING THEM INTO OUR FIELD SO THAT  
21 WE CAN GAIN FROM THEIR INSIGHTS AND PERSPECTIVES.

22 DR. YAMAMOTO: THANKS.

23 CHAIRMAN GOLDSTEIN: LET'S SEE. DAVID  
24 MARTIN.

25 DR. MARTIN: THANK YOU. I THINK THIS IS A

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1 VERY ADMIRABLE INTENT OF MISSION. AND YOU JUST, IN  
2 RESPONDING TO KEITH'S QUESTION, ACKNOWLEDGE SOME OF  
3 THE CHALLENGES. BUT ARE THERE ANY EXAMPLES OF  
4 SIMILAR PROGRAMS FROM WHICH WE COULD LEARN WHAT WERE  
5 THE SUCCESSES AND WHAT WERE THE FAILURES? YOU CAN  
6 ANTICIPATE SOME OF THEM, BUT THERE'S NOTHING LIKE  
7 EXPERIENCE OF EITHER REAL SUCCESS OR FAILURE TRYING  
8 TO DO A SIMILAR THING. AND I HOPE WE CAN LEARN FROM  
9 SOME OTHER ENTITIES THAT HAVE HAD A SIMILAR  
10 INTEREST. ARE THERE ANY FROM WHICH WE WOULD LEARN?

11 DR. SHEPARD: YES. THANK YOU. AS WE  
12 WERE PUTTING TOGETHER THIS CONCEPT, WE DID REACH OUT  
13 AND WE SPOKE TO A NUMBER OF INDIVIDUALS, INCLUDING  
14 SOME WHO RAN A PROGRAM THAT DOES TARGET THIS  
15 POPULATION OF STUDENTS. IT'S A LITTLE BIT DIFFERENT  
16 IN THAT IT DOESN'T OFFER AN INTEGRATED INTERNSHIP  
17 PROGRAM; HOWEVER, IT DOES IDENTIFY AND RECRUIT AND  
18 TARGET THE SIMILAR POPULATION OF STUDENTS. I'VE  
19 TALKED TO SEVERAL INDIVIDUALS WHO WORK WITH THESE  
20 TYPES OF PROGRAMS, AND ALSO I HAVE BEEN PRESENT AT  
21 EVERY GRANTS WORKING GROUP REVIEW FOR EVERY TRAINING  
22 PROGRAM THAT CIRM HAS HAD SINCE I CAME TO CIRM IN  
23 2009. AND I HEAR VERY SIMILAR COMMENTS ABOUT WHAT  
24 THEY THINK IS IMPORTANT FOR REACHING THESE STUDENTS.  
25 AND WE HAVE TAKEN ALL OF THAT ADVICE AND PUT IT INTO

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1 THIS PROGRAM. THAT'S ONE OF THE REASONS YOU SEE  
2 SUCH A HEAVY EMPHASIS ON MENTORSHIP HERE. IT'S NOT  
3 THAT BRIDGES AND OUR OTHER PROGRAMS DON'T HAVE  
4 MENTORSHIP COMPONENTS BECAUSE THEY ALSO DO HAVE  
5 STRONG MENTORING COMPONENTS, BUT WE REALLY TRIED TO  
6 GO ABOVE AND BEYOND IN THIS NEW PROGRAM AND PUT  
7 ACCOUNTABILITY ON -- FORMAL ACCOUNTABILITY TO CIRM  
8 ON THIS MENTORSHIP PROGRAM TO ENSURE THAT THEY ARE  
9 ALSO INNOVATING AND LESSONS THAT CAN BE LEARNED  
10 FROM, ANY NEW APPROACHES CAN BE SHARED WITH OTHERS.  
11 BUT WE DIDN'T JUST COME UP WITH A LOT OF THESE IDEAS  
12 OURSELVES. THESE ARE REALLY LIKE COMPILING A LOT OF  
13 IDEAS THAT WERE GIVEN TO US FROM PEOPLE WE TALKED TO  
14 WHO WORK WITH STUDENTS, WHO IMPLEMENT MENTORSHIP  
15 PROGRAMS, WHO DEVELOP NOVEL MENTORSHIP STRATEGIES,  
16 COME UP WITH CRITERIA THAT MAKE GOOD MENTORS VERSUS  
17 MENTORS THAT ARE INADEQUATE, FOR EXAMPLE. AND WE  
18 ARE ALSO CAPITALIZING ON LESSONS LEARNED THROUGH OUR  
19 OWN EXPERIENCES.

20 DR. MARTIN: JUST AN EXTENSION ON THAT.  
21 DO YOU PLAN TO HAVE INTERIM ANALYSES OR ASSESSMENTS  
22 OF THE PROGRESS AND THE FAILURES IN THE PROGRAM ON  
23 AN ANNUAL BASIS OR SOMETHING OF THAT SORT?

24 DR. SHEPARD: YES, ABSOLUTELY. ALL CIRM  
25 GRANTS SUBMIT PROGRESS REPORTS AT MINIMUM ANNUALLY,

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1 BUT IN MANY CASES MORE OFTEN THAN NOT. ACTUALLY  
2 SINCE THIS WOULD BE A BRAND-NEW PROGRAM, AND IN MANY  
3 CASES, SINCE WE ARE ASKING INSTITUTIONS TO BUILD  
4 SOMETHING NEW, WE WOULD HAVE MORE FREQUENT PROGRESS  
5 CHECK-INS DURING THE SETUP PERIOD SO THAT WE CAN  
6 MAKE SURE THINGS ARE GOING WELL. AND IF THEY ARE  
7 COMING UP WITH ANY PROBLEMS, WE CAN TRY TO JUMP IN  
8 AND ADDRESS THEM.

9 YES, THEY WILL REPORT TO US EACH YEAR ON  
10 WHO THEY REACHED OUT TO, WHO THEY RECRUITED, THE  
11 DEMOGRAPHICS, HOW THE COURSES ARE GOING, ALL KINDS  
12 OF THINGS. AND WE HAVE THE OPPORTUNITY TO MAKE SURE  
13 EVERYTHING IS GOING OKAY, IS ON TRACK. OR IF WE  
14 THINK THAT THERE'S AN ISSUE, WE HAVE AN OPPORTUNITY  
15 TO STEP IN AND TRY TO MITIGATE.

16 DR. MARTIN: THANK YOU, KELLY.

17 DR. SHEPARD: THANK YOU. YOU'RE WELCOME.

18 CHAIRMAN GOLDSTEIN: THANK YOU. ART.

19 MR. TORRES: YES. ONE OF THE IMPORTANT  
20 ELEMENTS IS FOLLOW-UP AS DR. MARTIN JUST INDICATED.  
21 MANY OF THE QUESTIONS THAT I RECEIVED EARLY ON ON  
22 THE BRIDGES PROGRAM AND WHEN I HELPED CREATE THE  
23 SPARKS PROGRAM WITH CIRM STAFF A FEW YEARS AGO, THE  
24 CONSTANT QUESTION WAS WHERE ARE THESE YOUNG PEOPLE  
25 NOW? ARE YOU MONITORING THEIR PROGRESS? WHERE HAVE

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1     THEY BEEN PLACED? ARE THEY CONTINUING THEIR CAREERS  
2     IN THIS AREA? KELLY HAS BEEN VERY GOOD. THANK YOU  
3     AGAIN, KELLY, FOR TAKING ON THIS CHALLENGE.

4             THE ONE CONCERN I DO HAVE IS ARE WE  
5     DUPLICATING SOME OF THESE SERVICES? FOR EXAMPLE,  
6     ARE THE PEOPLE THAT ARE CHOOSING AND FINDING THESE  
7     POTENTIAL APPLICANTS, IS THAT THE DIRECTORS THAT  
8     WE'RE ALREADY PAYING FOR IN THE BRIDGES PROGRAM OR  
9     THE SPARKS PROGRAM? OR ARE THESE ALL NEW PEOPLE  
10    THAT RESPOND TO A CIRM RFP?

11            DR. SHEPARD: I'LL TRY TO ANSWER YOUR  
12    QUESTION. SO WE DON'T REALLY KNOW WHO IS GOING TO  
13    APPLY BECAUSE THIS IS THE FIRST TIME WE OFFERED  
14    THIS. HOWEVER, THE CONCERN YOU HAVE THAT  
15    THERE MIGHT BE THE SAME PEOPLE RECEIVING IT WHO ARE  
16    ALREADY DOING TRAINING AND DOING THE SAME THINGS, WE  
17    DO PLAN, WHEN WE PUT TOGETHER THE APPLICATION, THAT  
18    WHILE WE ARE NOT EXCLUDING ANYBODY IN PARTICULAR  
19    FROM APPLYING, WE WILL PUT IN A SECTION WHERE IF  
20    ANYBODY IS ALREADY ADMINISTERING A BRIDGES PROGRAM  
21    OR ANOTHER TRAINING PROGRAM THAT TARGETS  
22    UNDERGRADUATE STUDENTS, WE WANT YOU TO DELINEATE HOW  
23    WHAT YOU'RE GOING TO BE DOING IS DIFFERENT THAN THAT  
24    AND HOW ONE WILL NOT NEGATIVELY IMPACT THE OTHER.

25            MR. TORRES: YOU DON'T HAVE IN YOUR MIND

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1 RIGHT NOW AS TO WHO WILL BE THE RECRUITERS. IT  
2 COULD BE ANYBODY.

3 DR. SHEPARD: WHAT I'M HOPING IS THAT -- A  
4 LOT OF THE INSTITUTIONS DO HAVE DIVERSITY CONTACTS  
5 WITHIN THEM WHO WOULD BE HELPFUL WITH THIS. AND WE  
6 ARE ACTUALLY ASKING FOR A DEDICATED ROLE TO DO THAT  
7 OUTSIDE OF THE PROGRAM DIRECTOR. IT'S NOT TO SAY  
8 THAT A PROGRAM DIRECTOR CAN'T SAY THAT THEY'RE GOING  
9 TO TRY TO DO THIS, BUT WE ARE DEMANDING A SPECIFIC  
10 COMMITMENT OF SOMEBODY WHO WILL SERVE IN THE  
11 DIVERSITY COORDINATOR ROLE. AND THERE WILL BE  
12 REVIEW CRITERIA WHERE WE WILL ASK THE REVIEWERS TO  
13 LOOK AT THE CREDENTIALS OF THAT INDIVIDUAL AND TELL  
14 US WHETHER OR NOT THEY BELIEVE THAT IS AN  
15 APPROPRIATE PERSON TO BE DOING THIS POSITION.

16 MR. TORRES: SO IT'S VERY REASONABLE TO  
17 ASSUME THAT THE BRIDGES DIRECTORS THAT WE CURRENTLY  
18 FUND COULD VERY WELL PROVIDE APPLICANTS THAT THEY  
19 COULD NOT FIT INTO THEIR BRIDGES PROGRAM THAT MIGHT  
20 FIT INTO THIS PROGRAM?

21 DR. SHEPARD: IF THERE ARE ADDITIONAL  
22 STUDENTS AT THEIR INSTITUTIONS, YES, THAT MAY NOT BE  
23 READY FOR BRIDGES OR THEY MAY NOT BE ABLE TO  
24 ACCOMMODATE THEM, IF THEY CAN TARGET THEM EARLIER,  
25 THEN, YES, THAT IS A POSSIBILITY. WE WILL WANT TO

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1 HAVE THEM ASSURE US THAT THEY HAVE THE CAPACITY, IF  
2 THEY ARE BRIDGES DIRECTORS, TO MANAGE BOTH PROGRAMS.  
3 THEY HAVE THE PERSON EFFORT AND THEY HAVE THE  
4 APPROPRIATE BANDWIDTH TO DO THAT.

5 MR. TORRES: AT THE UC SYSTEM WE ARE IN  
6 THE PROCESS NOW OF INCREASING DIVERSITY EFFORTS  
7 GIVEN PROP 209, BUT CLEARLY INCREASING DIVERSITY  
8 EFFORTS ESPECIALLY FOR UNDERREPRESENTED COMMUNITIES.  
9 FOR EXAMPLE, AFRICAN-AMERICAN ADMISSIONS AT UC IS  
10 ONLY 6 PERCENT STATEWIDE. IT'S JUST ABSOLUTELY  
11 ABYSMAL. AND SO THERE'S BEEN AN EFFORT TO RECRUIT  
12 IN THAT AREA.

13 SO I'M JUST WONDERING, WHEN YOU SAID  
14 EARLIER THAT UC WOULD BE INCLUDED IN THE PRIORITY,  
15 DOES THAT MEAN THAT PEOPLE WITHIN THOSE INSTITUTIONS  
16 WILL PROVIDE PARTICULAR APPLICANTS LIKE UC SAN DIEGO  
17 OR UC SANTA BARBARA?

18 DR. SHEPARD: FOR EXAMPLE, IF ONE OF THOSE  
19 INSTITUTIONS APPLIED FOR THIS AWARD, THEY WOULD BE  
20 LOOKING FOR EARLY -- THEY WOULD PROBABLY START  
21 REACHING OUT EVEN FEELERS INTO FRESHMAN AND  
22 SOPHOMORE CLASSES TO IDENTIFY STUDENTS THAT COULD BE  
23 POTENTIALLY RECRUITED INTO THIS PROGRAM. HOWEVER,  
24 WE ARE ASKING THEM TO LOOK AT WHO'S MISSING OR MAY  
25 NOT BE THERE AT THEIR INSTITUTION AND FIGURE OUT

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1       WAYS TO BRING THEM THERE.  AND ONE OF THE WAYS THAT  
2       THEY CAN DO THAT IS THEY CAN GO OUT TO OTHER PARTS  
3       OF THE STATE AND TO COMMUNITY COLLEGES AND IDENTIFY  
4       STUDENTS AND BRING THEM IN THROUGH THAT PATH.

5               MR. TORRES:  THAT'S IMPORTANT FOR US TO  
6       PUT A RIGOROUS EXAMPLE OF THAT WITHIN THE RFP  
7       BECAUSE A LOT OF PEOPLE DON'T REALLY READ ALL THE  
8       RFP'S THAT CIRM ISSUES.  SO MY CONCERN HAS BEEN AND  
9       HAS BEEN A CONSISTENT CONCERN IS HOW DO WE REACH OUT  
10      TO PEOPLE WHO DON'T KNOW WHAT WE ARE DOING, DON'T  
11      KNOW WHO WE ARE, AND HOW DO WE INCLUDE THEM WITHIN  
12      THE PROCESS.  THAT'S GOING TO BE THE CHALLENGE.

13             DR. SHEPARD:  THANK YOU.  IF YOU HAVE ANY  
14      SPECIFIC ADVICE THAT YOU CAN OFFER, I'D BE VERY  
15      WILLING TO TAKE IT.  IF IT MEANS GETTING CERTAIN  
16      PIECES OF INFORMATION MORE FRONT AND CENTER, I'M  
17      HAPPY TO DO THAT.  OF COURSE, I CAN REACH OUT  
18      THROUGH MY NETWORK OF CONTACTS THROUGHOUT THE  
19      BRIDGES PROGRAMS TO REACH OUT AND SHARE THE  
20      OPPORTUNITY.

21             MR. TORRES:  YOU KNOW HOW MUCH I ADMIRE  
22      YOU.  ANY WAY I CAN DO TO HELP, I'LL BE THERE FOR  
23      YOU.

24             DR. SHEPARD:  THANK YOU.

25             DR. AVILES:  KELLY, JUST TO ADD TO THIS,

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1 ONE OF THE SUGGESTIONS THAT WE HAVE DISCUSSED WAS  
2 THAT ONCE THIS CONCEPT IS APPROVED AND WE HAVE A  
3 PROGRAM ANNOUNCEMENT TO COORDINATE WITH OUR  
4 COMMUNICATIONS OFFICE TO REACH OUT TO OUR CONTACT  
5 LIST OF PROGRAM DIRECTORS IN ALL THESE INSTITUTIONS  
6 THAT COULD BE ELIGIBLE AND POTENTIALLY COORDINATE A  
7 WEBINAR TO EXPLAIN THE BASIS OF THIS NEW INITIATIVE.

8 CHAIRMAN GOLDSTEIN: THANK YOU. KRISTINA.

9 DR. VUORI: THANKS, KELLY. GREAT  
10 PRESENTATION. A VERY CREATIVE AND EXCITING PROGRAM  
11 THAT YOU HAVE DEVELOPED.

12 I HAVE A FEW QUESTIONS AND COMMENTS.  
13 FIRST, RELATED EXPLICITLY ON THE COMPASS PROGRAM.  
14 IT SEEMS TO ME THAT WE TARGET A GROUP OF KIDS IS  
15 REALLY EARLY STAGES IN THEIR UNDERGRADUATE AND NOT  
16 NECESSARILY THOSE WHO HAVE A SORT OF PREDETERMINED  
17 IDEA THAT I WANT TO BE A STEM CELL BIOLOGIST WHEN I  
18 GROW UP OR WHAT HAVE YOU. THEY, NEVERTHELESS, ARE  
19 BEING ASKED HERE TO, QUOTE, UNQUOTE, SIGN UP FOR A  
20 RELATIVELY INTENSE PROGRAM THE WAY I LOOK AT IT,  
21 BOTH DURATIONWISE AND, I THINK, MANY ACTIVITIES THAT  
22 THEY ARE TO UNDERTAKE. SO JUST WANTING TO MAKE SURE  
23 THAT THAT'S SORT OF NOT A TURNOFF, IF YOU WILL. AND  
24 I THINK GREAT CARE HAS TO BE TAKEN THAT IT'S NOT SO  
25 INTENSE THAT IT WOULD INTERFERE, FOR EXAMPLE, WITH

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1 THEIR OTHER UNDERGRADUATE CLASSES AND WORK.

2 SO DO YOU ENVISION THAT THE FOUNDATIONAL  
3 COURSEWORK, FOR EXAMPLE, THE APPLICANT ORGANIZATIONS  
4 ESSENTIALLY RECOGNIZE THIS COURSEWORK TOWARDS THEIR  
5 GRADUATION TOWARDS A BACHELOR'S DEGREE AND THINGS  
6 LIKE THAT? OBVIOUSLY IT'S IMPORTANT CONSIDERATIONS  
7 WHEN THIS PROGRAM IS BUILT. THAT'S ONE QUESTION I  
8 HAVE.

9 DR. SHEPARD: YES. I THINK FROM OUR  
10 PERSPECTIVE IT IS, AND THAT IS SOMETHING THAT WE'LL  
11 NEED TO MAKE SURE COMES ACROSS IN OUR PROGRAM  
12 ANNOUNCEMENT SO THAT THE PROGRAMS WHO ARE APPLYING  
13 UNDERSTAND THAT. OBVIOUSLY SOME OF THE COURSEWORK  
14 WILL BE KIND OF SOMETHING THAT THEY'RE TAKING LATER  
15 AS THEY'RE BECOMING SPECIALIZED IN THE BACHELOR'S  
16 DEGREE AS A JUNIOR OR SENIOR. HOWEVER, THE  
17 MENTORSHIP PROGRAM, IT CAN ACTUALLY BEGIN EARLIER  
18 BECAUSE IT CAN TECHNICALLY BEGIN -- THE MENTORSHIP  
19 PROGRAM CAN START REACHING OUT TO STUDENTS THAT ARE  
20 A LITTLE BIT EARLIER WHO ARE -- THEY'RE DEFINITELY  
21 INTERESTED IN SCIENCE, BUT THEY AREN'T NECESSARILY  
22 SURE OR THEY HAVEN'T DECIDED YET THAT THEY WANT A  
23 PH.D. OR AN M.D. OR THEY MAY WANT THAT, BUT THEY  
24 MAY NOT BE SURE HOW TO GET THERE; AND THEY NEED  
25 SOMEBODY TO KIND OF BE A GUIDE AND HELP THEM

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1 UNDERSTAND WHICH CLASSES THEY NEED TO SIGN UP FOR  
2 AND WHICH OTHER TYPES OF SKILLS WILL BE IMPORTANT TO  
3 THEM.

4 IMPORTANTLY, I THINK ONE THING THAT SETS  
5 THIS PROGRAM APART FROM SOME OF THE OTHERS TOO IS  
6 THAT THE STUDENTS ARE GOING TO BE MADE AWARE OF MANY  
7 DIFFERENT POSSIBLE WAYS THAT RESEARCH SKILLS CAN BE  
8 APPLIED. SO THERE ARE ACTUALLY QUITE A FEW PEOPLE  
9 THAT I'VE TALKED TO WHO ARE INTERESTED IN DOING  
10 RESEARCH, BUT THEY WANT TO GO WORK AT A COMPANY  
11 AFTER THEIR BACHELOR'S DEGREE, NOT NECESSARILY GO TO  
12 A PH.D. AND HAVING AN INTERNSHIP EXPERIENCE CAN BE  
13 REALLY HELPFUL IN FINDING THAT JOB. SOMETIMES WHEN  
14 YOU'RE LOOKING FOR AN ACADEMIC LAB TO WORK IN,  
15 SOMETIMES THOSE LABS ARE LOOKING AT PEOPLE WHO ARE  
16 FUTURE PH.D.'S THEMSELVES. SO IT CAN CREATE A BIT  
17 OF A COMPETITIVE SITUATION TO FIND AN OPPORTUNITY TO  
18 GET THAT LAB TRAINING.

19 AND THEN FOR STUDENTS FROM  
20 SOCIOECONOMICALLY DISADVANTAGED BACKGROUNDS WHO  
21 MIGHT NOT HAVE THE ABILITY TO JUST TAKE AN ACADEMIC  
22 CREDIT AND WORK IN A LAB, IT COULD BE REALLY HELPFUL  
23 TO ACTUALLY GET PAID TO DO THIS.

24 AND SO I DON'T THINK IT'S GOING TO BE SO  
25 INTENSIVE THAT IT WOULD SCARE PEOPLE OFF EARLY. I

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1 HOPE NOT. WE'RE GOING TO DO EVERYTHING WE CAN TO  
2 HELP THESE PROGRAMS UNDERSTAND THAT WE ARE REALLY  
3 TRYING TO RETAIN PEOPLE. WE DON'T WANT PEOPLE TO BE  
4 SCARED AWAY AND OVERWHELMED BECAUSE THEY CAN DO IT.  
5 AND THEY'RE BEING CHOSEN BECAUSE THERE'S CONFIDENCE  
6 THAT THEY CAN DO IT, AND THEY HAVE SHOWN SOME OTHER  
7 WAYS THAT THEY CAN, AND THEY HAVE THE INTEREST. AND  
8 SO WE WANT TO PUT SOME GASOLINE ON THAT INTEREST AND  
9 MAKE IT GROW RATHER THAN EXTINGUISH IT BY A LOT OF  
10 BARRIERS AND THINGS THAT MIGHT SLOW THEM DOWN  
11 OTHERWISE.

12 DR. VUORI: THE SECOND QUESTION RELATES TO  
13 THE POSSIBILITY THAT IN THE SAME UNIVERSITY OR  
14 INSTITUTION, BOTH COMPASS AND BRIDGES PROGRAM WILL  
15 EXIST. HOW WOULD ONE HAVE A CONVERSATION WITH  
16 STUDENTS AS TO WHAT IS THE RIGHT OPPORTUNITY FOR  
17 THEM IF THEY ARE CONSIDERING OR BEING TARGETED EVEN  
18 AT DIFFERENT STAGES OBVIOUSLY OF THEIR UNDERGRADUATE  
19 EXPERIENCE IN THIS CASE? WHAT WOULD BE THE PITCH?  
20 I DON'T THINK YOU NEED TO ESSENTIALLY TELL US NOW,  
21 BUT THAT MIGHT BE AN INTERESTING WAY TO ALSO THINK  
22 ABOUT HOW THESE PROGRAMS ARE SIMILAR VERSUS  
23 DIFFERENT AND THINKING FROM THE STUDENT PERSPECTIVE  
24 AS TO HOW IT'S DESCRIBED TO THEM.

25 AND THEN, FINALLY, JUST RELATED TO THE

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1 NOTION THAT THERE WILL BE THIS COURSEWORK IN STEM  
2 CELLS AND REGENERATIVE MEDICINE AND TO MAYBE ART'S  
3 POINT AND OTHERS, HOW TO REALLY SORT OF MAKE THE  
4 MOST BANG FOR YOUR BUCK. MAYBE THERE COULD BE  
5 OPPORTUNITY TO HAVE SORT OF A COMPASS SLIDE BEING  
6 ADVERTISED, RIGHT. EVEN IF YOU DID NOT ENTER THIS  
7 PROGRAM, YOU'RE NOT PART OF THIS PROGRAM, AND  
8 SOMETHING, IT WOULD BE GREAT PR, I THINK, FOR CIRM  
9 TO HAVE SOMETHING LIKE THAT IN THE CURRICULUM EVEN  
10 FOR, SAY, ALMOST EVERY EDUCATIONAL ORGANIZATION IN  
11 THE STATE OF CALIFORNIA.

12 DR. SHEPARD: THAT'S A GREAT IDEA. AND,  
13 IN FACT, I THINK SOME OF THE IDEAS THAT WE'VE BEEN  
14 HAVING WITH OUR NEW STRATEGIC PLAN AND ASKING THAT  
15 THESE MENTORSHIP APPROACHES AND STRATEGIES THAT  
16 THESE PROGRAMS COME UP WITH BE SHARED IS IN A WAY A  
17 WAY TO HELP OTHER INSTITUTIONS THAT DON'T  
18 NECESSARILY HAVE ONE OF THESE PROGRAMS THEMSELVES  
19 LEARN FROM IT AND BENEFIT AND PERHAPS EVEN START TO  
20 EMULATE IN THEIR OWN INSTITUTIONS.

21 DR. VUORI: THANK YOU.

22 CHAIRMAN GOLDSTEIN: BEING CONSCIOUS OF  
23 THE TIME, J.T., WE'RE HOPING THAT YOU'LL BE THE LAST  
24 SIGNIFICANT QUESTIONER HERE.

25 CHAIRMAN THOMAS: YES. AND THIS ISN'T

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1 REALLY A QUESTION. IT'S MORE OF A COMMENT. FIRST  
2 OF ALL, KELLY, OUTSTANDING PRESENTATION,  
3 COMPREHENSIVE, ELOQUENTLY PRESENTED AS ALWAYS. YOU  
4 CONTINUE TO DO A WONDERFUL JOB IN HANDLING ALL OF  
5 THESE EDUCATIONAL PROGRAMS. SO THANK YOU VERY MUCH.

6 THE OTHER POINT I WANTED TO MAKE WAS JUST  
7 A SHOUT-OUT SO THAT THE MEMBERS OF THE SUBCOMMITTEE  
8 UNDERSTAND THAT THIS IDEA, WHICH KELLY HAS SO  
9 ELOQUENTLY PUT INTO WORDS HERE, ACTUALLY CAME FROM  
10 LARRY, WHO FELT THAT THIS WAS A GAP IN OUR SPECTRUM  
11 OF EDUCATIONAL PROGRAMS AND RAISED THIS IDEA IN  
12 DISCUSSIONS SEVERAL MONTHS AGO. AND WE HAVE NOW  
13 ENDED UP FROM THAT WITH THIS WONDERFULLY CONCEIVED  
14 PROGRAM. LARRY, JUST A SHOUT-OUT TO YOU AND THANK  
15 YOU FOR BRINGING THIS IDEA TO CIRM.

16 CHAIRMAN GOLDSTEIN: GREAT. THANK YOU,  
17 J.T.

18 SEEING NO FURTHER QUESTIONS, CAN I ASK FOR  
19 A MOTION TO PASS PLEASE?

20 MR. TORRES: SO MOVED.

21 DR. HIGGINS: SECOND.

22 CHAIRMAN GOLDSTEIN: HOPEFULLY SOMEBODY  
23 GOT THAT IN THE RECORD. MARIA, COULD YOU PLEASE  
24 CALL THE ROLL.

25 MS. BONNEVILLE: WE SHOULD CALL FOR PUBLIC

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1 COMMENT.  
2 CHAIRMAN GOLDSTEIN: OKAY. PUBLIC COMMENT  
3 PLEASE.  
4 MS. BONNEVILLE: THERE ARE NO HANDS  
5 RAISED.  
6 CHAIRMAN GOLDSTEIN: OKAY. ARE WE FREE TO  
7 CALL THE ROLL NOW?  
8 MS. BONNEVILLE: YES, WE ARE.  
9 CHAIRMAN GOLDSTEIN: OKAY. LET'S DO IT.  
10 MS. BONNEVILLE: HAIFA ABDULHAQ.  
11 DR. ABDULHAQ: YES.  
12 MS. BONNEVILLE: MARK FISCHER-COLBRIE.  
13 DR. FISCHER-COLBRIE: YES.  
14 MS. BONNEVILLE: ELENA FLOWERS.  
15 DR. FLOWERS: YES.  
16 MS. BONNEVILLE: JUDY GASSON.  
17 DR. GASSON: YES.  
18 MS. BONNEVILLE: LARRY GOLDSTEIN.  
19 CHAIRMAN GOLDSTEIN: YES.  
20 MS. BONNEVILLE: DAVID HIGGINS.  
21 DR. HIGGINS: ENTHUSIASTICALLY YES.  
22 MS. BONNEVILLE: I WILL MARK THAT DOWN.  
23 PAT LEVITT.  
24 DR. LEVITT: YES.  
25 MS. BONNEVILLE: DAVID LO.

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1 DR. LO: YES.  
2 MS. BONNEVILLE: DAVID MARTIN.  
3 DR. MARTIN: YES.  
4 MS. BONNEVILLE: SHLOMO MELMED.  
5 DR. MELMED: YES.  
6 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
7 DR. MIASKOWSKI: YES.  
8 MS. BONNEVILLE: JONATHAN THOMAS.  
9 CHAIRMAN THOMAS: YES.  
10 MS. BONNEVILLE: ART TORRES.  
11 MR. TORRES: AYE.  
12 MS. BONNEVILLE: KRISTINA VUORI.  
13 DR. VUORI: YES.  
14 MS. BONNEVILLE: KAROL WATSON.  
15 DR. WATSON: YES.  
16 MS. BONNEVILLE: KEITH YAMAMOTO.  
17 DR. YAMAMOTO: YES.  
18 MS. BONNEVILLE: MOTION CARRIES.  
19 CHAIRMAN GOLDSTEIN: THANK YOU.  
20 DR. SHEPARD: THANK YOU.  
21 CHAIRMAN GOLDSTEIN: AGAIN, KELLY, THANK  
22 YOU FOR A GREAT JOB.  
23 OKAY. ON TO THE CONCEPT PLAN FOR ALPHA  
24 CLINIC NETWORKS. I THINK THAT'S GEOFF LOMAX.  
25 MS. BONNEVILLE: GEOFF, YOU'RE ON MUTE. I

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1 CAN'T HEAR YOU. I DON'T THINK ANYONE ELSE CAN. WE  
2 CANNOT HEAR YOU.

3 DR. LOMAX: OKAY. I'M GOING TO TRY AGAIN.

4 MS. BONNEVILLE: WE CAN HEAR YOU. THANK  
5 YOU. GEOFF IS COMING BACK IN NOW. FOR A SECOND I  
6 THOUGHT HE WAS JUST LOOKING DOWN AT HIS NOTES.

7 DR. LOMAX: I APOLOGIZE. I'VE BEEN HAVING  
8 COMPUTER ISSUES THIS MORNING. CAN YOU HEAR ME NOW?

9 MS. BONNEVILLE: YES.

10 DR. LOMAX: OKAY. BEAR WITH ME. THIS IS  
11 GOING TO BE A LITTLE BIT CHALLENGING BECAUSE I'VE  
12 LOST MY NOTES. SO I'M GOING START BY -- I THINK I'M  
13 JUST GOING TO GO THROUGH THIS, IF YOU DON'T MIND, IN  
14 PRESENTATION MODE BECAUSE OF THE TECHNICAL GLITCH.  
15 I'D LIKE TO REFERENCE MY NOTES. SO LET ME SHARE  
16 SCREEN, AND THIS WILL BE A LITTLE BIT UNORTHODOX;  
17 BUT, AGAIN, I'D LIKE TO DO THIS IN PRESENTATION  
18 MODE.

19 MS. BONNEVILLE: GEOFF, DO YOU WANT US TO  
20 SHARE THE SLIDES AND YOU CAN JUST SPEAK TO THEM?

21 DR. LOMAX: THAT WOULD BE TERRIFIC. YOU'VE  
22 GOT THEM. LET'S DO THAT. AND I APOLOGIZE.

23 MS. BONNEVILLE: IT WILL JUST TAKE ME A  
24 SECOND TO GET THAT LOADED. JUST ONE MOMENT. SHARE  
25 MY SCREEN, AND YOU JUST TELL ME WHEN YOU WANT TO

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1 SWITCH.

2 DR. LOMAX: SO I'M ASSUMING YOU'RE ON  
3 SLIDE 1. I'M IN THE SLIGHTLY AWKWARD POSITION OF  
4 NOT SEEING THE ZOOM. SO BEAR WITH ME. I WILL DO MY  
5 BEST HERE.

6 SO GOOD MORNING, EVERYONE. I'M GEOFF  
7 LOMAX. I'M THE SENIOR PROGRAM OFFICER WITH THE  
8 THERAPEUTICS AND DEVELOPMENT TEAM AT CIRM. I'LL BE  
9 PRESENTING THE CONCEPT PLAN FOR CIRM'S CLINICAL  
10 TRIALS NETWORK, KNOWN AS THE ALPHA CLINICS NETWORK.

11 I HAD THE OPPORTUNITY TO WORK UNDER DR.  
12 MILLAN'S LEADERSHIP TO LAUNCH THE NETWORK IN 2014.  
13 AND SUBSEQUENTLY I'VE SERVED IN THE PROJECT  
14 MANAGER'S ROLE FOR THE NETWORK FOR THE PAST FOUR  
15 YEARS. NEXT SLIDE PLEASE.

16 SO CIRM'S MISSION OF ACCELERATING  
17 WORLD-CLASS SCIENCE TO DELIVER TRANSFORMATIVE  
18 REGENERATIVE MEDICINE TREATMENTS IN AN EQUITABLE  
19 MANNER TO A DIVERSE CALIFORNIA AND WORLD. IN THE  
20 CONTEXT OF THIS MISSION, THE ALPHA CLINICS NETWORK  
21 IS REALLY THE POINT WHERE TREATMENTS REACH THE  
22 PATIENT. THE NETWORK IS FOCUSED ON THE DELIVERY OF  
23 CLINICAL TRIALS. AND I WILL PROVIDE SOME ADDITIONAL  
24 EXAMPLES OF PROGRAM METRICS ABOUT THESE TRIALS IN  
25 THE PRESENTATION. NEXT SLIDE PLEASE.

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1 THE ALPHA CLINICS NETWORK CURRENTLY  
2 INCLUDES SIX MEDICAL CENTERS ACROSS CALIFORNIA.  
3 IT'S SIX MEDICAL CENTERS AND FIVE AWARDS. THERE'S A  
4 COMBINED UCLA/UCI PROGRAM CURRENTLY. AND THESE  
5 CENTERS PROVIDE A SET OF CORE CAPACITIES NECESSARY  
6 FOR THE DELIVERY OF REGENERATIVE MEDICINE TREATMENTS  
7 TO PATIENTS. THESE CAPACITIES INCLUDE THE ABILITY  
8 TO PROVIDE ADVANCED STEM CELL AND GENE THERAPY,  
9 CLINICAL RESEARCH INFRASTRUCTURE. THEY HAVE  
10 CAPACITY TO PROVIDE PATIENT-CENTERED CARE, MAINLY  
11 BEING ABLE TO NAVIGATE PATIENTS THROUGH COMPLEX  
12 TRIALS. THEY SUPPORT CIRM'S WORKFORCE TRAINING AND  
13 COMMUNITY OUTREACH OBJECTIVES. AND I'LL GIVE SOME  
14 EXAMPLES THERE.

15 AND KELLY PROVIDED A FANTASTIC OVERVIEW OF  
16 THE OVERALL WORKFORCE TRAINING PROGRAMS AT CIRM.  
17 AND THIS IS REALLY THE CLINICAL SIDE OF THINGS.  
18 AND, FUNDAMENTALLY, THE NETWORK ACCELERATES CIRM'S  
19 CELL AND GENE THERAPY CLINICAL PIPELINE AND CLINICAL  
20 TRIALS. NEXT SLIDE PLEASE.

21 SO SOME PROGRAM METRICS TO DATE. THE  
22 INITIAL INVESTMENT HAS BEEN 40 MILLION IN THE  
23 NETWORK. AND THE RESULT OF THIS INVESTMENT HAS BEEN  
24 OVER 105 CLINICAL TRIALS SINCE 2015. EIGHTY-TWO OF  
25 THESE TRIALS ARE FROM INDUSTRY OR ACADEMIC SPONSORS

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1 THAT DON'T HAVE CIRM FUNDING. SO THEY'VE BEEN ABLE  
2 TO BRING IN OUTSIDE PROJECTS INTO THE NETWORK.  
3 TWENTY-THREE OF THESE PROGRAMS ARE CIRM-FUNDED  
4 ACADEMIC- OR INDUSTRY-SPONSORED TRIALS THAT HAVE  
5 COME THROUGH OUR CLINICAL 2 PROGRAM AWARDS OR  
6 CLINICAL TRIAL AWARDS PROGRAM. FIFTEEN ARE OPEN AT  
7 MULTIPLE NETWORK SITES. THAT'S ONE OF THE  
8 ADVANTAGES OF THE NETWORK IS THE CAPACITY TO OPEN  
9 TRIALS AT MULTIPLE SITES AND MEET RECRUITMENT GOALS.

10 THE CONTRACTS THAT THE VARIOUS SITES TOTAL  
11 \$95 MILLION TO RUN CLINICAL TRIALS. AND THEN THE  
12 PROGRAMS AT UC DAVIS AND UC SAN FRANCISCO, WHICH  
13 CAME A LITTLE BIT LATER THAN THE INITIAL SET OF  
14 AWARDS, THEY INCLUDED AN M.D. TRAINING PROGRAM. AND  
15 THEY'VE TRAINED 11 FELLOWS IN THE M.D. TRAINING  
16 PROGRAM. NEXT SLIDE PLEASE.

17 SO STARTING IN 2015, CIRM WORKED IN  
18 PARTNERSHIP WITH THE NETWORK SITES TO DEVELOP TOOLS  
19 AND RESOURCES THAT WOULD ATTRACT COMMERCIAL SPONSORS  
20 AND ACCELERATE CLINICAL TRIALS. THESE TOOLS AND  
21 RESOURCES INCLUDE A COMMON INTAKE PROCEDURE FOR  
22 SPONSORS. SO THEY'RE ORIENTED TO THE NETWORK AND  
23 ITS OFFERINGS, AND THAT HELPS REALLY IDENTIFY  
24 OPTIMAL SITE SELECTION. THERE'S A SET OF COHORT  
25 IDENTIFICATION TOOLS THAT THE NETWORK IS ABLE TO

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1 WORK WITH SPONSORS TO RECRUIT PATIENTS. THESE ARE  
2 OFTEN MEDIATED THROUGH THEIR CTSA'S.

3 THERE'S AN IRB RELIANCE AGREEMENT. THIS  
4 IS PARTICULARLY IMPORTANT FOR ACCELERATING MULTISITE  
5 TRIALS. SO THIS ALLOWS ONE SITE TO RELY ON THE  
6 DETERMINATION OF AN INSTITUTIONAL REVIEW BOARD AT  
7 ANOTHER SITE. AND AS A RESULT OF THIS PROGRAM, AS  
8 THIS PROGRAM EVOLVED, WE WERE SEEING APPROVALS AT  
9 SECONDARY SITES IN UNDER 60 DAYS, WHICH IS ACTUALLY  
10 A VERY IMPRESSIVE NUMBER FOR THIS TYPE OF APPROVAL.

11 THERE'S BEEN RAPID APPROVAL OF  
12 COMPASSIONATE USE PROTOCOLS BETWEEN SITES. THE  
13 ABILITY TO TAKE A TREATMENT FROM ONE SITE AND TREAT  
14 A PATIENT AT ANOTHER SITE, PARTICULARLY IN THE  
15 ONCOLOGY SPACE. AND THERE'S BEEN COLLABORATIVE  
16 TREATMENT PROTOCOLS BETWEEN DIFFERENT SITES; FOR  
17 EXAMPLE, A PATIENT MIGHT BE RECEIVED AND TREATED AND  
18 NAVIGATED AT ONE SITE AND THEIR TREATMENT PRODUCT IS  
19 PROCESSED AT ANOTHER SITE. BUT THESE ARE THE TYPES  
20 OF EXAMPLES OF COLLABORATIVE TREATMENT PROTOCOLS.

21 AND FUNDAMENTALLY THE NETWORK, EVERYONE IS  
22 MEETING ON A REGULAR BASIS, REGULAR CALLS, AND WHAT  
23 THAT ALLOWS IS FOR KNOWLEDGE SHARING IN BOTH  
24 REGULATORY AND OPERATIONAL ASPECTS OF REGENERATIVE  
25 MEDICINE. AS WE ARE ALL WELL AWARE, THERE'S VERY

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1 UNIQUE REGULATORY ASPECTS TO REGENERATIVE MEDICINE  
2 TRIALS. AND THIS SERVES AS A SOUNDING BOARD FOR  
3 FOLKS TO GET ASSISTANCE AND HELP NAVIGATING THROUGH  
4 THOSE ISSUES. NEXT SLIDE PLEASE.

5 SO IN THE PREVIOUS SLIDE, I TOUCHED ON  
6 SOME OF THE TOOLS AND RESOURCES DEVELOPED BY THE  
7 NETWORK. BUT CIRM, IN COLLABORATION WITH OUR  
8 PARTNERS, HAS PUBLISHED A NUMBER OF MANUSCRIPTS.  
9 THESE PUBLICATIONS FURTHER ELABORATE ON SORT OF THE  
10 TOOLS, THE CORE COMPETENCIES RELATED TO PATIENT  
11 NAVIGATION, CLINICAL TRIAL DELIVERY, AND WORKFORCE  
12 TRAINING.

13 SO IF ANYONE IS INTERESTED IN A DEEPER  
14 DIVE, I'D BE MORE THAN HAPPY TO PROVIDE SOME  
15 ADDITIONAL BACKGROUND ON OUR ACCOMPLISHMENTS. NEXT  
16 SLIDE PLEASE.

17 AS I MENTIONED EARLIER, I DESCRIBED HOW  
18 THE NETWORK HAS SERVED CIRM'S COMMUNITY OUTREACH  
19 OBJECTIVES. THIS IS REALLY A NIFTY EXAMPLE. IT'S  
20 AN EXAMPLE WHERE THE AIM WAS TO REACH MEDICALLY  
21 UNDERSERVED POPULATIONS. IT OCCURRED IN THE CONTEXT  
22 OF OUR COVID-19 PROGRAM. THERE WERE IN COVID 19  
23 THERE WERE UNDERSERVED AREAS WHO WERE DEEMED TO BE A  
24 CRITICAL DEMOGRAPHIC TO INCLUDE IN THE STUDY. THE  
25 LEAD SITE WAS THE CITY OF HOPE THAT RECEIVED A

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1 CONVALESCENT PLASMA AWARD. THEY PARTNERED WITH UC  
2 IRVINE AND UC SAN DIEGO TO EXPAND RECRUITMENT FOR  
3 THIS STUDY.

4 THE SITES UTILIZED A METHODOLOGY WHERE  
5 THEY TOOK CENSUS DATA TO IDENTIFY -- THEY FIRST  
6 IDENTIFIED COVID PATIENTS THAT WERE TREATED AT THE  
7 VARIOUS SITES. AND THEN USING CENSUS DATA, THEY  
8 WERE ABLE TO IDENTIFY THOSE PATIENTS THAT LIVED IN  
9 MEDICALLY UNDERSERVED AREAS. THIS PROVIDED A ZIP  
10 CODE LEVEL ANALYSIS. AND THEN GO OUT AND RECRUIT  
11 PATIENTS FROM THOSE AREAS TO PARTICIPATE IN THE  
12 CONVALESCENT PLASMA STUDY.

13 AS A RESULT, 76 OR 44 PERCENT OF THE 172  
14 DONORS LIVED IN MEDICALLY UNDERSERVED AREAS. THIS  
15 REALLY DEMONSTRATES HOW THE NETWORK CAN DEPLOY TOOLS  
16 COMBINING MEDICAL AND DEMOGRAPHIC DATA TO SUPPORT  
17 DIVERSITY. AND PERHAPS, MORE IMPORTANTLY, THIS  
18 CAPACITY NOW CAN SERVE WITHIN THE NETWORK AND COULD  
19 BE REDEPLOYED IN FUTURE TRIALS OR FUTURE STUDIES.  
20 NEXT SLIDE PLEASE.

21 SORT OF JUST TOUCHING ON THE TEAM  
22 ATTRIBUTES, BECAUSE FUNDAMENTALLY THESE AWARDS FUND  
23 TEAMS, IT'S ABOUT PEOPLE. THE TEAMS ARE FOCUSED ON  
24 PROVIDING CELL AND GENE THERAPY EXPERTISE ACROSS  
25 CLINICAL UNITS, SO THROUGHOUT THE MEDICAL CENTER.

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1 THEY WORK WITH VARIOUS DEPARTMENTS. THE TEAMS  
2 SUPPORT THE UNIQUE ASPECTS OF REGENERATIVE MEDICINE  
3 TRIALS, INCLUDING APHERESIS, PATIENT TREATMENT, AND  
4 ISSUES RELATING TO PATIENT TREATMENT AND DELIVERY,  
5 THE PROCESSING OF THE PRODUCTS, BIOSPECIMEN  
6 MANAGEMENT, A LOT OF REGULATORY SUPPORT AS I ALLUDED  
7 TO EARLIER. AND CLINICAL RESEARCH COORDINATION IS A  
8 BIG PIECE OF WHAT THESE AWARDS SUPPORT. I CALLED  
9 THAT ONE OUT SPECIFICALLY BECAUSE RESEARCH  
10 COORDINATORS WERE IDENTIFIED AS A GAP DURING OUR  
11 STRATEGIC PLANNING PROCESS AND A SORT OF ROLE THAT  
12 WOULD BE IMPORTANT TO CONTINUE TO SUPPORT IN OUR  
13 TRAINING EFFORTS.

14 AND ONE OTHER SORT OF PIECE THAT RELATES  
15 TO TRAINING AND CAREER DEVELOPMENT, IN AUGUST 2018  
16 THE CITY OF HOPE COORDINATED A RESEARCH NURSES  
17 WORKSHOP IN COLLABORATION WITH THE NETWORK. SO ALL  
18 THE NETWORK SITES PARTICIPATED. IT WAS AT CITY OF  
19 HOPE. THERE WERE OVER 150 ATTENDEES; AND OF THAT  
20 GROUP, 57 WERE REGISTERED NURSES. AND THE POST  
21 EVALUATION REALLY INDICATED THAT A LOT OF THE  
22 REGISTERED NURSES THAT ATTENDED WERE INTERESTED BOTH  
23 IN RESEARCH, GETTING INTO RESEARCH NURSING AND  
24 BUILDING THAT EXPERTISE, AND REGENERATIVE MEDICINE.  
25 SO THE NETWORKS REALLY SERVED AS A WAY TO SORT OF

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1 OPEN THE FIELD TO A BROADER COHORT OF PROVIDERS.

2 NEXT SLIDE PLEASE.

3 SO MOVING TO 2022, THERE'S AN ONGOING NEED  
4 FOR THE CAPACITIES THAT THE NETWORK PROVIDES. THE  
5 FIELD OF REGENERATIVE MEDICINE IS EXPANDING. WE  
6 NEED TO CONTINUE TO DEVELOP THE WORKFORCE BOTH IN  
7 SIZE AND DIVERSITY TO ADDRESS GAPS IN THE GROWING  
8 NUMBER OF CLINICAL TRIALS. THERE'S ALSO A NEED FOR  
9 COMPETENCY HUBS TO SUPPORT STATEWIDE DEVELOPMENT OF  
10 PATIENT CARE CAPACITY FOR REGENERATIVE MEDICINE.  
11 AND FUNDAMENTALLY, AGAIN, THE NETWORK CAN SERVE TO  
12 ADDRESS THE DIVERSE NEEDS OF CALIFORNIA PATIENTS.  
13 NEXT SLIDE PLEASE.

14 SO WITH THAT SET UP, I WOULD LIKE TO  
15 INTRODUCE YOU TO THE CONCEPT PROPOSAL YOU HAVE  
16 BEFORE YOU TODAY. PROPOSED BUDGET IS \$80 MILLION.  
17 THE APPLICATIONS WOULD BE OPEN TO CALIFORNIA MEDICAL  
18 CENTERS WITH AN \$8 MILLION MAXIMUM AWARD AMOUNT FOR  
19 A PERIOD OF FIVE YEARS. PRIORITY WOULD BE GIVEN TO  
20 APPLICATIONS THAT OFFER MATCHING OR IN-KIND SUPPORT.  
21 THAT IS LANGUAGE -- THAT STIPULATION IS IN  
22 PROPOSITION 14. AND THE APPLICANTS WOULD BE  
23 REQUIRED TO PUT FORWARD A COMBINATION OF REQUIRED  
24 AND UNIQUE OFFERINGS.

25 SO I WILL START WITH THE SORT OF IMAGE ON

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1 THE RIGHT TO GIVE YOU A SENSE, AND THEN I'LL  
2 DESCRIBE THEM IN A LITTLE BIT MORE DETAIL IN  
3 SUBSEQUENT SLIDES.

4 SO THE RFA CAN BE VIEWED AS HAVING THREE  
5 CORE ELEMENTS. IN TERMS OF ELIGIBILITY, THE  
6 APPLICANT MUST HAVE A DEMONSTRATED TRACK RECORD OF  
7 SUPPORTING CELL AND GENE THERAPY CLINICAL TRIALS.  
8 SO THIS IS, AGAIN, A CLINICAL RESEARCH PROGRAM. THE  
9 SECOND COMPONENT IS THAT APPLICANTS MUST PROPOSE A  
10 TRAINING PROGRAM TO SUPPORT REGENERATIVE MEDICINE  
11 AND CLINICAL RESEARCH AND CARE. I'LL ELABORATE ON  
12 THE TRAINING REQUIREMENT IN A MOMENT. AND  
13 APPLICANTS MUST PROPOSE A LEAD OFFERING OR LEAD  
14 OFFERINGS THAT CAN BE SHARED AMONG THE NETWORK  
15 PARTNERS. SO REALLY LOOKING FOR SYNERGY AMONG THE  
16 PARTNERS. AND, AGAIN, I'LL ELABORATE ON THAT IN A  
17 BIT MORE DETAILS. AND ALSO THE PROPOSALS WILL NEED  
18 TO BE RESPONSIVE TO CIRM'S REQUIREMENT REGARDING  
19 PATIENT ACCESS, DATA SHARING, AND DEI. NEXT SLIDE  
20 PLEASE.

21 SO THE TRAINING PIECE WITH REGARD TO  
22 REQUIREMENT 2, TRAINING, MAJOR CIRM STRATEGIC THEME  
23 IS TO PROVIDE OPPORTUNITY FOR ALL. AND STRATEGIES  
24 FOR BUILDING A DIVERSE AND SKILLED WORKFORCE ARE  
25 INCORPORATED AT ALL LEVELS OF CIRM'S PROGRAMS.

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1 AGAIN, DR. SHEPARD LAID THAT OUT VERY NICELY. SO  
2 THIS REALLY REFLECTS THE TRAINING FOR CLINICAL  
3 COMPETENCIES, WHICH INCLUDE PHYSICIANS, NURSES,  
4 RESEARCH COORDINATORS, NAVIGATORS, PHARMACY, ALL  
5 WHICH ARE CENTRAL TO THE DELIVERY OF REGENERATIVE  
6 MEDICINE TREATMENTS AND ARE CENTRAL TO THE ALPHA  
7 CLINICS EXPANSION AWARD.

8 APPLICANTS WILL HAVE THE OPPORTUNITY TO  
9 PROPOSE TRAINING PROGRAMS WITHIN ONE OR MORE OF  
10 THESE COMPETENCY AREAS, BUT WE ARE NOT PRESCRIBING A  
11 PARTICULAR AREA. SO WE WOULD EXPECT A RANGE OF  
12 OFFERINGS FROM THE VARIOUS APPLICANTS. NEXT SLIDE  
13 PLEASE.

14 SO REQUIREMENT NO. 1, EXPERTISE,  
15 DEMONSTRATED ABILITY TO DO THE TRIALS. NO. 2, A  
16 TRAINING PROGRAM. AND REQUIREMENT 3 IS WHAT WE ARE  
17 CALLING LEAD OFFERINGS. THERE WERE A RANGE OF  
18 CLINICAL RESEARCH OPPORTUNITIES IDENTIFIED DURING  
19 THE STRATEGIC PLANNING PROCESS THAT COULD ENHANCE  
20 THE FIELD. MANY OF THESE OPPORTUNITIES, SUCH AS  
21 CONSORTIA, NOVEL CLINICAL TRIAL DESIGN, WERE  
22 SUGGESTED BY OUR STAKEHOLDERS AND ARE REFLECTED IN  
23 THE STRATEGIC PLAN.

24 WE KNOW MANY OF THE CALIFORNIA SITES HAVE  
25 THE CAPACITY TO SUPPORT ADVANCED CELL AND GENE

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1 THERAPY DEVELOPMENT. AND AS I ILLUSTRATED EARLIER,  
2 THEY HAVE DEVELOPED CAPACITIES TO ENHANCE ACCESS AND  
3 INCLUSIVITY. THEREFORE, WE ANTICIPATE APPLICANTS,  
4 AGAIN, WILL PROVIDE A RANGE OF LEAD OFFERINGS THAT  
5 WILL SUPPORT OVERALL PROGRAM GROWTH AND DEVELOPMENT  
6 OF THE FIELD. AND WITHOUT TRYING TO UNPACK  
7 EVERYTHING IN THIS SLIDE, THEY SORT OF BREAK INTO  
8 SORT OF THREE BROAD CATEGORIES. THEY'LL BE  
9 PROPOSING ADVANCED REGENERATIVE MEDICINE RESEARCH  
10 PLATFORMS, SPECIALIZED PLATFORMS THAT CAN BE SHARED;  
11 ADVANCED THERAPY DEVELOPMENT; AND, AGAIN, PROPOSALS  
12 THAT WOULD SERVE TO SUPPORT ACCESS AND INCLUSIVITY  
13 CERTAINLY WITHIN CLINICAL TRIALS, BUT THEN  
14 DOWNSTREAM TO APPROVED TREATMENTS. NEXT SLIDE  
15 PLEASE.

16 A NETWORK BY DEFINITION SHOULD CREATE  
17 SYNERGY. WE ALREADY HAVE A NUMBER OF EXAMPLES WHERE  
18 MULTIPLE SITES HAVE PARTNERED TO DELIVER TREATMENTS  
19 THAT WERE BEYOND THE CAPACITY OF ANY ONE INDIVIDUAL  
20 SITE. SO THE RFA ENCOURAGES APPLICANTS TO PROVIDE  
21 SPECIFIC EXAMPLES OF HOW THEY WILL BOTH CREATE  
22 SYNERGY AND CONSIDER HOW THEY CAN PARTNER WITH  
23 MEDICAL CENTERS ACROSS CALIFORNIA. APPLICANTS ARE  
24 AWARE THAT PLANS SHOULD BE DEVELOPED IN LIGHT OF  
25 CIRM'S MISSION, ACCELERATING WORLD-CLASS SCIENCE TO

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1 DELIVER TRANSFORMATIVE MEDICINE TREATMENTS IN AN  
2 EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND THE  
3 WORLD.

4           WITHIN THE CONTEXT OF THIS RFA, WE OFFER  
5 APPLICANTS THE OPPORTUNITY TO PROPOSE PARTNERSHIPS  
6 THAT COULD SUPPORT THE NETWORK'S MISSION BROADLY.  
7 SO, AGAIN, WE ARE LOOKING FOR SYNERGY, BUT WE'RE  
8 ALSO LOOKING FOR FIRM COMMITMENTS THROUGH THINGS  
9 LIKE MEMORANDUM OF UNDERSTANDING OR EXAMPLES OF  
10 PARTNERSHIP AGREEMENTS. NEXT SLIDE PLEASE.

11           SO ONE OF THE ELEMENTS THAT APPLICANTS  
12 WILL BE EXPECTED TO INCLUDE IS AN ORGANIZATIONAL  
13 INTEGRATION PLAN WHERE THEY DESCRIBE IN THE FORM OF  
14 A BUSINESS PLAN HOW THEY WOULD LEVERAGE THE PROPOSED  
15 CAPACITIES THAT WOULD BE FUNDED IN THE AWARD SO THEY  
16 BECOME INTEGRAL TO THE CENTER'S OPERATIONS BEYOND  
17 THE AWARD PERIOD. SON REALLY THE INTEGRATION OF  
18 REGENERATIVE MEDICINE CAPACITY THROUGH THEIR  
19 ORGANIZATION.

20           THESE WOULD BE LIVING PLANS. SO THEY  
21 SHOULD BE REVISED OVER THE AWARD PERIOD AS  
22 EXPERIENCE IS GAINED, RELATIONSHIPS ARE DEVELOPED,  
23 SYNERGIES EVOLVE. SO, AGAIN, A LIVING PLAN THAT WE  
24 WILL CONTINUE TO RETURN TO.

25           IN ADDITION, THE PLAN MAY DESCRIBE

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1 SYNERGIES BETWEEN THE ALPHA NETWORK SITES AND OTHER  
2 CIRM PROGRAMS AS MANY OF THESE INSTITUTIONS WILL BE  
3 COMPETING FOR OTHER CIRM INFRASTRUCTURE AWARDS. SO  
4 REALLY TO SORT OF DRIVE THAT CONNECTIVITY ACROSS  
5 PROGRAM AREAS AS WE ENVISION IN OUR STRATEGIC PLAN.

6 SO WITH THAT, I WILL STOP THERE. AND  
7 THANKS SO MUCH FOR BEARING WITH ME, AND I HOPE  
8 THAT ALL CAME OFF LOUD AND CLEAR.

9 CHAIRMAN GOLDSTEIN: GREAT. THANK YOU  
10 VERY MUCH, GEOFF. THAT WAS AN EXCELLENT AND  
11 DETAILED PRESENTATION.

12 SO LET ME OPEN UP THE FLOOR FOR QUESTIONS,  
13 REMINDING PEOPLE THAT IF IT'S TEN MINUTES AFTER THE  
14 HOUR. AND SO PLEASE LIMIT YOURSELF TO TRULY  
15 ESSENTIAL QUESTIONS FOR GEOFF AND ANYBODY ELSE IN  
16 THE ORGANIZATION. I DON'T SEE ANY HANDS UP. DOES  
17 THAT MEAN WE HAVE DON'T HAVE ANY QUESTIONS?

18 DR. LEVITT: I'LL ASK A QUESTION, A SHORT  
19 QUESTION. SO, GEOFF, FOR CERTAIN CLINICAL  
20 TRIALS -- SO DO THESE ALPHA CENTERS ALLOW FOR SITES  
21 OUTSIDE OF CALIFORNIA THAT WOULD BE PART OF THE  
22 TRIALS FOR MORE RARE PATIENT POPULATIONS? FOR  
23 EXAMPLE, PEDIATRIC CANCERS ARE RARE COMPARED TO  
24 THOSE IN ADULTS. SO HOW DOES THAT WORK? OR IT'S  
25 SOLELY CALIFORNIA SITES AND CLINICAL TRIALS RUN

1       HERE?

2                   DR. LOMAX:  YEAH.  THANK YOU FOR THAT  
3       QUESTION.

4                   SO IF YOU LOOK AT THE -- SO IN TERMS OF  
5       THE TRIALS THEMSELVES, THE SITES ARE SUPPORTING  
6       TRIALS THAT MAY COME FROM ANYWHERE NATIONALLY OR  
7       ACTUALLY INTERNATIONALLY AS WELL.  WE HAVE MULTIPLE  
8       EXAMPLES.

9                   SO IN TERMS OF THE INDIVIDUAL TRIALS, THEY  
10      ARE ABLE TO COME INTO THE NETWORK.  IN FACT, WE HAD  
11      THE GOOD FORTUNE OF MEETING WITH A NUMBER OF  
12      SPONSORS THAT HAVE APPROACHED CIRM SOLELY TO TAKE  
13      ADVANTAGE OF THIS NETWORK.  SO IT'S REALLY VIEWED AS  
14      A VALUED RESOURCE FOR THE REGENERATIVE MEDICINE  
15      COMMUNITY IN TERMS OF A PLACE TO LOCATE TRIALS.  AND  
16      OFTEN THEY'VE DONE THAT WITHOUT NEEDING OR APPLYING  
17      FOR CIRM FUNDING.

18                  IN ADDITION, WE HAVE EXAMPLES WHERE PEOPLE  
19      HAVE COULD FROM OUT OF STATE OR OUT OF COUNTRY.  AND  
20      IN ACCORDANCE WITH OUR CLIN2 POLICIES, WE'VE BEEN  
21      ABLE TO FUND THE TREATMENT OF PATIENTS, CALIFORNIA  
22      PATIENTS, CONSISTENT WITH OUR GRANTS ADMINISTRATION  
23      POLICY.  SO IT'S REALLY -- IT'S ANY AND ALL IN TERMS  
24      OF THE CLINICAL PROGRAMS AND THEN ALWAYS THE ABILITY  
25      TO TREAT CALIFORNIA PATIENTS.  EITHER THEY'RE

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1 GETTING TREATED ON THE SPONSOR'S -- WITH SUPPORT  
2 FROM THE SPONSOR OR SUPPORT FROM A CLIN2 AWARD.

3 DID THAT ADDRESS YOUR QUESTION?

4 DR. LEVITT: YES, IT DID. THANKS.

5 DR. MILLAN: GEOFF, MAY I HIGHLIGHT AN  
6 EXAMPLE OF THAT BECAUSE I THINK IT'S REALLY  
7 IMPORTANT?

8 DR. LOMAX: YES.

9 DR. MILLAN: IT'S MARIA MILLAN. SO THE  
10 CURE SICKLE CELL INITIATIVE WHICH WE PARTNERED WITH  
11 NHLBI, ONE OF THE PROGRAMS IS ACTUALLY FROM BOSTON  
12 CHILDREN'S. AND THEY SPECIFICALLY PARTNERED WITH  
13 UCLA, WHICH IS AN ALPHA CLINICS SITE, AND UCSF, BOTH  
14 OF WHOM HAVE EXPERTISE IN THE FIELD ITSELF. SO IT  
15 REALLY PROVIDED THAT SYNERGY IN A COLLABORATION  
16 BETWEEN BOSTON CHILDREN'S, UCLA, AND UCSF, AS WELL  
17 AS THE IGI FOR THE CRISPR TECHNOLOGY IN ANOTHER  
18 SETTING FOR A DIFFERENT PROGRAM. SO THERE'S A LOT  
19 OF COMBINATIONS OF COLLABORATIONS THAT HAVE BEEN  
20 ENABLED BY THE ALPHA CLINICS NETWORK.

21 DR. LEVITT: THAT'S GREAT. THANKS.

22 CHAIRMAN GOLDSTEIN: OKAY. HAIFA AND THEN  
23 ART.

24 DR. ABDULHAQ: THANK YOU, GEOFF, FOR AN  
25 EXCELLENT PRESENTATION. AND I'M SORRY IF I REPEAT

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1 THE SAME COMMENTS OR QUESTIONS. BUT AS YOU SHOWED  
2 THE MAP, THE CLINICS HAVE BEEN MAINLY IN NORTHERN  
3 AND SOUTHERN CALIFORNIA. AND I THINK WE JUST NEED  
4 TO ENSURE ALSO THAT THERE'S AN EXTENSION TO THOSE  
5 AREAS FOR THE PATIENTS IN CENTRAL VALLEY AND OTHER  
6 AREAS OF CALIFORNIA TO HOPEFULLY TAKE ADVANTAGE OF  
7 THESE CLINICS. AND THAT THERE IS SOME PLAN FOR  
8 COLLABORATION WITH OTHER SITES IN THOSE AREAS TO  
9 MAKE SURE THIS GETS TO ALL THE PATIENTS OF  
10 CALIFORNIA.

11 DR. LOMAX: YES. AND SO WITH THAT IN  
12 MIND, WE HAVE -- IN THE RFA WE HAVE HIGHLIGHTED, IN  
13 ADDITION TO THE ALPHA CLINIC NETWORK, THE COMMUNITY  
14 CARE CENTERS OF EXCELLENCE WILL BE AN INTEGRAL PART  
15 OF OUR FINAL CLINICAL PLATFORM TO SERVE PATIENTS.

16 SO IT WAS -- I ALLUDED TO SOME OF THESE  
17 POINTS IN THE PRESENTATION. FOR EXAMPLE, WE WANT  
18 THEM TO ARTICULATE THEIR EXPERIENCE WORKING OUTSIDE  
19 WITH NONACADEMIC MEDICAL CENTERS AND ALSO  
20 POTENTIALLY MAKE PROPOSALS FOR HOW THEY MIGHT EXTEND  
21 THOSE COLLABORATIONS TO OTHER NONACADEMIC MEDICAL  
22 CENTERS. THE AIM OF INCLUDING THAT LANGUAGE IN THE  
23 RFA IS TO BEGIN TO GET THEM TO ARTICULATE A WAY IN  
24 WHICH THEY CAN CREATE CONNECTIVITY STATEWIDE.

25 THE CHALLENGE WE FACE AT THE MOMENT IS WE

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1 ARE TRYING TO RENEW THIS PROGRAM, AND WE HAVEN'T YET  
2 HAD THE OPPORTUNITY TO BRING FORWARD THE COMMUNITY  
3 CARE CENTERS OF EXCELLENCE PROGRAM. BUT WE ARE  
4 DOING EVERYTHING WE CAN WITH OUR EXISTING  
5 CAPABILITIES TO TRY TO MAINTAIN ALIGNMENT BETWEEN  
6 THOSE TWO EFFORTS BECAUSE, IN ACCORDANCE WITH THE  
7 STRATEGIC PLAN, COLLECTIVELY THEY'RE GOING TO BE THE  
8 CLINICAL CARE PLATFORM TO SERVE CIRM'S MISSION.

9 DR. MILLAN: CURRENTLY, GEOFF, YOU  
10 INDICATED IN THE COVID PROGRAM HOW THAT'S ALREADY  
11 HAPPENING EVEN WITH THE EXISTING PROGRAMS, TO HAVE  
12 OUTREACH INTO THE INLAND EMPIRE DURING THE COVID  
13 PROGRAMS VIA THE CITY OF HOPE COLLABORATION WITH UC  
14 IRVINE, FOR INSTANCE. SO THAT IS SOMETHING THAT'S  
15 BEING OPTIMIZED ALREADY EVEN BEFORE THE COMMUNITY  
16 CARE CENTERS ARE IN PLACE.

17 CHAIRMAN GOLDSTEIN: GREAT. THANK YOU  
18 VERY MUCH. ART.

19 MR. TORRES: YES. THANK YOU, GEOFF, FOR  
20 ALL YOUR HARD WORK IN THIS AREA BECAUSE IT COINCIDES  
21 WITH THE WORK THAT THE WORKING GROUP WILL BE TAKING  
22 ON IN TERMS OF AFFORDABILITY AND ACCESSIBILITY.

23 I'M ALSO HAPPY TO REPORT THAT I PUT MARIA  
24 MILLAN IN TOUCH WITH THE UC MERCED PEOPLE AND THE  
25 CHANCELLOR BECAUSE THEY'RE VERY INTERESTED IN HAVING

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1 ACCESS TO COMMUNITY CARE CENTER AND ALPHA STEM CELL  
2 CLINICS DOWN THE ROAD AS THEY MOVE FORWARD.

3 AND THE GOVERNOR AND I HAVE TALKED ABOUT  
4 THIS PERSONALLY IN TERMS OF ESTABLISHING A MEDICAL  
5 SCHOOL AND HEALTH FACILITY AT THE UC MERCED CAMPUS.  
6 AND THAT'S IN THE WORKS NOW ALONG WITH THE HELP OF  
7 MY FORMER STAFF MEMBER, SENATOR PADILLA, WHO'S  
8 WORKING AT IT FROM THE FEDERAL LEVEL. SO VERY SOON  
9 THE CENTRAL VALLEY ISSUE THAT WAS RAISED EARLIER IS  
10 ALSO RELEVANT TO THE NORTHERN CENTRAL VALLEY, WHICH  
11 IS MERCED AND MODESTO AND THOSE AREAS, AS WELL AS  
12 THE SALINAS VALLEY.

13 THINGS HAVEN'T CHANGED MUCH SINCE THE  
14 1970S WHEN I WORKED WITH CESAR CHAVEZ IN THOSE AREAS  
15 IN TERMS OF FACILITIES FOR HEALTHCARE. WE'RE GOING  
16 TO BE THE FIRST TO MAKE THAT CHANGE. I WANT TO  
17 THANK YOU, GEOFF, AND THANK YOU, MARIA, AND THIS  
18 SUBCOMMITTEE. THINGS ARE IN PROGRESS TO ENSURE  
19 ACCESSIBILITY AND AFFORDABILITY IS OFFERED TO THOSE  
20 PEOPLE OF CENTRAL AND RURAL CALIFORNIA.

21 CHAIRMAN GOLDSTEIN: GREAT. THANK YOU  
22 VERY MUCH, ART. THAT'S VERY INFORMATIVE.

23 OTHER QUESTIONS? NOTHING. PUBLIC  
24 COMMENT.

25 MS. BONNEVILLE: LARRY, WE NEED A MOTION

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1 ON THE TABLE.

2 CHAIRMAN GOLDSTEIN: OKAY. CAN SOMEBODY  
3 MAKE A MOTION?

4 MR. TORRES: MOVE TO APPROVE.

5 UNIDENTIFIED SPEAKER: SECOND.

6 CHAIRMAN GOLDSTEIN: BEEN SECONDED. DO WE  
7 ASK FOR PUBLIC COMMENT?

8 MS. BONNEVILLE: YES. I DON'T SEE ANY  
9 HANDS RAISED.

10 CHAIRMAN GOLDSTEIN: OKAY. VERY GOOD.  
11 CALL THE ROLL PLEASE.

12 MS. BONNEVILLE: HAIFA ABDULHAQ.

13 DR. ABDULHAQ: YES.

14 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

15 DR. FISCHER-COLBRIE: YES.

16 MS. BONNEVILLE: ELENA FLOWERS.

17 DR. FLOWERS: YES.

18 MS. BONNEVILLE: JUDY GASSON.

19 DR. GASSON: YES.

20 MS. BONNEVILLE: LARRY GOLDSTEIN.

21 CHAIRMAN GOLDSTEIN: YES.

22 MS. BONNEVILLE: DAVID HIGGINS.

23 DR. HIGGINS: YES.

24 MS. BONNEVILLE: PAT LEVITT.

25 DR. LEVITT: YES.

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1 MS. BONNEVILLE: DAVID LO.  
2 DR. LO: YES.  
3 MS. BONNEVILLE: DAVID MARTIN.  
4 DR. MARTIN: YES.  
5 MS. BONNEVILLE: SHLOMO MELMED.  
6 DR. MELMED: YES.  
7 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
8 DR. MIASKOWSKI: YES.  
9 MS. BONNEVILLE: JONATHAN THOMAS.  
10 CHAIRMAN THOMAS: YES.  
11 MS. BONNEVILLE: ART TORRES.  
12 MR. TORRES: AYE.  
13 MS. BONNEVILLE: KRISTINA VUORI.  
14 DR. VUORI: YES.  
15 MS. BONNEVILLE: KAROL WATSON.  
16 DR. WATSON: YES.  
17 MS. BONNEVILLE: KEITH YAMAMOTO.  
18 DR. YAMAMOTO: YES.  
19 MS. BONNEVILLE: MOTION CARRIES.  
20 CHAIRMAN GOLDSTEIN: VERY GOOD. THANK  
21 YOU. I SEE THAT THE AGENDA HAS ANOTHER PUBLIC  
22 COMMENT PERIOD ON IT, MARIA.  
23 MS. BONNEVILLE: YES. IT'S JUST FINAL  
24 PUBLIC COMMENT. AND THERE ARE NO HANDS RAISED.  
25 CHAIRMAN GOLDSTEIN: OKAY. EXCELLENT. SO

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1 WITH THAT, I'D LIKE TO ADJOURN US. THANK YOU FOR  
2 ALL YOUR HARD WORK TODAY, GUYS. TWO GOOD PROGRAMS  
3 HEADING FOR THE FULL BOARD. AND SEE YOU AGAIN SOON.  
4 HAVE A SAFE WEEKEND.

5 MS. BONNEVILLE: THANK YOU, LARRY.

6 CHAIRMAN THOMAS: THANKS, LARRY.

7 DR. VUORI: THANKS. BYE-BYE.

8 (THE MEETING WAS THAN CONCLUDED AT 11:19 A.M.)

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**REPORTER'S CERTIFICATE**

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE ZOOM PROCEEDINGS BEFORE THE SCIENCE SUBCOMMITTEE OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON JANUARY 14, 2022, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

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